mh, no age

Due Out Date Reason Intake Date 11/19/18 12/19/18 intake Type STRAY Sorry No

Image at this Time :(

Kennel Status

UNAVAIL

Hold Notify

Location Picked Up/Found: MICROCHIP: 98212605414

ACE HARDWARE/CLARK

MOTE: RETURNED TO OWNER 12/29/18

Animal Notes & Behavior History

925 American Dr. Paradise, CA 95969 Town of Paradise Animal Control

Printed 03/18/19 2:08 PM by SKANIM

Intake By: SK

Animal	Evac Event #: Strey
Intake	Animal ID #:
PUBLIC HEALTH FORM	Incident Name: E. 196A Received By:
Date: Disaster Shelter 530	Camp Received By:
Time:	538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888
	# of animals by the owner at this shelter:
Name:	Cell#
Address:	DL#:
The	Alt. Contact Name:
Where will the owner be staying during the emergence	Alt. Contact #:
Stray animal picked up at:	cy:
Arilmal Description:	
Dog Cat St Other	
Breed:	Male
Color: Halv	Female Spayed Noute of
abh X	Approx. Age:
Animal Wearing Collar? Yes No	
Animal Wearing Tags?	If yes, describe
"ochipped?	If yes, describe
Special Needs/Remarks	Yes (#)
	No 🗌
Has the aure	AU
Has the owner been notified? No Phoned	Require
	V &
Due to a declared emergency, I am requesting Butto Con-	Liability Release
I understand that my animal(s) may be exposed to dis-	Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following: health or death of my animal(s).
i will not hold Butte County/NVADG responsible for the i agree to attempt to find alternate housing for my animals.	ease and other risks while being housed at the shelter or att.
agree to attempt to find attempts.	recall of death of my animal(s)
agree to contact the agency on a regular basis to keep understand that it is	al(s) as soon as possible. Butte County/NVADG updated on my whereabouts & possible alternate housing.
5) Lunderstand that this boarding agreement is temporary	and Learning MVADG updated on my whereabouts & possible of the second se
I understand that I will be subject to boarding fees after the subject the subject to boarding fees after the subject to boarding fees after the subjec	Butte County/NVADG updated on my whereabouts & possible alternate housing. and I agree to make arrangements for or claim my pet(s) at the close of the shelter.
y annualis	i) may be taken
L Decii	
Owner's Signature	ine any photographs that are taken be released to the media or public view.
	Date: 11 1 G A C
BC/NVADG Witness	
care and transmitted that I am the owner/reconstitution	TI T
care and transportation.	the above animal. I have taken custody of my animal and am now responsbile for its
Owner's Signature at Release	and am now responsible for its

Owner's Signature at Release White - Impound Facility

Yellow - BCAC

Date/ Time: Pink - Citizen Copy



Kennel Record # A015455

Ca155A is a spayed female, gray and white domestic Ih, 3 years CA155A

Intake Type STRAY

Due Out Date

01/19/19

Intake Date

11/20/18

Reason

Hold Notify

UNAVAIL

Kennel Status

ADOPTED 1/19/19

MICROCHIP# 982126054140090 Location Picked Up/Found:

Treatment History

NORMAL

T19-009027 01/19/19

BCAC: Preventative: Frontline (Fipronil) 11/17/18 FVRCP+L: 12/09/18 Rabies vaccine given: 12/01/18 (Rabvac 3)

Animal Notes & Behavior History

925 American Dr. Paradise, CA 95969 Town of Paradise Animal Control

Printed 03/18/19 1:59 PM by SKANN

Intake By: SK

530-872-6275

			8					
	Animal	Evac E	vont #			121	e =	1
	Intake		VOIL #.		Anim	al ID#:	2755	4
Butte County		Incident	Namo:			- Lik	1	
PUBLIC HEALTH	Form	1			Recei	ved By:		
Date:	Saster Shelter 530	.538.7019	- NVADG Hotel	in				
1.14.18	l ime:		# of animals	by the owner	95.0000 - BCAC at this shelter:	Office 5305	52,3888	
		of many			at this shelter:			
Name:		Cell #:			*	4 T 4	**	100 to 10
Address:	<u> </u>				DL#:		A STATE OF	# 7
	Hickory	1.00 	Euraelis	<	Alt. Cont	act Name:		
Whole will be at								
Where will the owner be stay	ing during the emerger	ncy:			Alt. Cont	act#:		
Stray animal picked up at:		e de la companya de						
	4		4					11.7
Dog Cet T					Control of the second		2004 V	
TO LOSI [N	Other			Land Control			e complete and the second seco	, ,
Breed:				Male	Female	Spayed		. [
Color: (- Wan)	int			Approx. A	ge:		Neutere	<u>a []</u>
Animal Wearing Coller?	Yes No	-	Markings;					
Animal Wearing Tags?	110		If yes, describe					
Microchipped?	Yes No		If yes, describe				-	
	Yes need scan		Yes (#)		· ·			
hal Needs/Remarks			(#)				No 🗍	
Has the owner been notified?	lo 🗍	1						
	Phone	d L F	Results:			T		
Due to a declared emerges		Liab	ility Bala			Paperwork Le	ft	- 1
Due to a declared emergency, I am 1) I understand that my animal(s) I will not hold Butte County/NV 2)	requesting Butte Cour	nty Animal (Control/NVADG to	e hand				
I understand that my animal(s) I will not hold Butte County/NV lagree to attempt to find alternative.	may be exposed to di	isease and	other risks while i	Doard my	animal(s) (listed ab	ove) and agree	to all of the foll	leu-
I will not hold Butte County/NV/ 2) Lagree to attempt to find alternation	ADG responsible for th	ne health or	death of my anim	rend vonse	ed at the shelter or	other facilities a	and therefore	OWING:
 Lagree to attempt to find alternations I agree to contact the agency or 	ate housing for my ani	mal(s) as s	oon as possible	rai(S).				
understand that this boards	a regular basis to kee	ep Butte Co	Ounty/NVADG upd	ofod -				
3) I agree to contact the agency or 4) I understand that this boarding a 5) I understand that I will be subject 6) I understand that photographs of	greement is temporar	y and I agre	e to make arrang	ored on my	whereabouts & po	ssible alternate	housing	
5) I understand that I will be subject6) I understand that photographs of	to boarding fees after	the close o	of the shelter	citients for	or claim my pet(s)	at the close of	the shelter	
I understand that photographs of Allow	- my anning	(s) may be	taken,					
	or De			that are in				
Owner's Signature				mar are tak	en be released to t	he media or pu	blic view	
BC/NVADG Witness					ate:			_
								1
and transportation.	responsible person for	To the						_
eby acknowledge that I am the owner and transportation. Dwner's Signature at Release		ne above	animal. I have ta	ken custody	of my animal			
IAIL I	E-				and	am now respon	isbile for its	
White - Impound Facility		_ es _ es _ e			/ Time:			ł
		Yellow - E	CAC				- 1	

Pink - Citizen Copy

Intake Type Cc234 is a male, org tabby domestic mh, 4 years

Due Out Date 03/27/19

Sorry No

STRAY

Intake Date 11/16/18 Image at this

Time :(

Reason

Kennel Status

UNAVAIL

Hold Notify

MICROCHIP: 98212605254;

Location Picked Up/Found:

SNK

Printed 03/18/19 1:35 PM by SKAMM

Intake By: SK

Note: Returned to owner 1/16/19

Animal Notes & Behavior History

925 American Dr. Paradise, CA 95969 Town of Paradise Animal Control

530-872-6275

ACTIVITY NUMBER BUT	TE COUNTY -		13/23
=	BUTTE COUNTY ANIMAL CONTROL 202 MIRA LOMA DRIVE		ANIMAL ID NUMB
*	OROVILLE, CALIFORNIA, OFFICE	_CC 234	
<u></u>	(530) 538-7409 • (530) 891-2907 FAX (530) 538-6329		Impound Facility
Bite #			Aigort
	IMPOUND FORM		S. Hartin
Date Impounded 11/16/18 Tir	me 2019 am/pm Release Date		
	LICE IInino Pa	1 11	
Reason for Impound Stray	found at burger	dout resi	idence
Dog Cat _X Other	013		
Breed		S	N
Color beige orange (Cres	am) Mar ing	QLAge T	<i>*</i>
	No If yes, describe		
A setus. A	No If yes, describe		
Microchipped? Yes (#)	n yes, describe N		
Condition of Animal healthy	Remarks	lo	
Owner of Animal brought in	by CMP		
Address			Telephone
	Phoned		Zip
Has owner been notified?	☐ Impound Copy: Date L ☐ Letter: Date Sent	_eft	
SURRE	NDER STATEMEN	T	
I, the undersigned, owner or having control of the Control. I agree to hold the Butte County Animal I also certify that to the head of	above described animal, release all cla	ime to it to the n	_
Control. I agree to hold the Butte County Animal I also certify that to the best of my knowledge the	Control, and it employees, free of all lia	ability resulting from	County Animal such transfer.
I also certify that to the best of my knowledge the I have read the above and understand the condition	- TOTAL HUG / HOS HOLDINGS SEVER	rson within the past	14 days.
and the corlation	ONS.		
ADDRESS	SIGNATURE		
CITY	716		
CITY White - Impound Fa	ZIP TELEPHON	E NO	
Time - Impound Fa	acility / Yellow - BCAC / Pink - Citizen Copy		

ACTIVITY NUMBER	11		12/40
OROVILLE, CAL	OMA DRIVE -IFORNIA 95965 • (530) 891-2907	TROL	ANIMAL ID NUMBE
		Received By	S. Ma. 5:
IMPOUN	D FORM		
Date Impounded	Release Date	Off	icer
	te close (si gross street)		deste
Breed Cat Other Markings	Appro	S. Age	N
Animal wearing collar? Yes No If y			·
Microchipped? Yes (#) Rei		0	
Owner of Animal brought in by CHP			
Address			Telephone
Has owner been potitions	dd Id Copy: Date L Date Sent	eft	Zlp
SURRENDER ST , the undersigned, owner or having control of the above described are control. I agree to hold the Butte County Apinos Control.	ATEMEN	r	

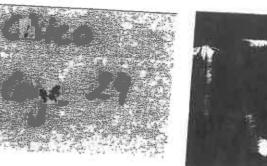
I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer.

	also certify that to the best of my knowledge the said animal	has / has not hitten
	I have read the above and understand the conditions.	(circle one)
pt	PRINTED NAME_	DATE
_	ADDRESS	SIGNATURE
	CITYZIP	TELEPHONE NO.
	18 th. ts	

Chico Cage



Butte County Anima



			8,00
Name Breed	Shelter ID CC234	Microchip # 982 126 052 542 487	Sex Male
DMH Age	Second Breed	Color Tan	Second color
Adult Photo	Special marking	Date Found 11/16/18	Location Found
	Photo	Photo	Photo
			* .,
one 530-552-3888	Fax 530-538-6329	<u> </u>	

Fax 530-538-6329

Email address BCAnimalcontrol@buttecounty.net

ALL ALSO WAS WAS TO		address BCAnimalco	introl@buttecounty.net
Vaccination	Date of administration		
Rabies (required)	12/1/18 (Rabvac 3)	(E-1-1)	Date of Administration
FVRCP+L		Revolution	12/9/18
FVRCP+L	12/17/18		
Pertinent Medical History			

FVRCP: R = Rhinotracheitis; C = Calicivirus, P = Panleukopenia; L = Feline Leukomia



Butte County Animal Passport



- 1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling mus
- 2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contain above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordinatio
- 3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
- 4. The caretaking institution is responsible for proper husbandry and good animal welfare.

I agree to the above clauses and will uphold agreements made with Butte county.



Kennel Record

A015448

S113A is a male, brn tabby and white domestic sh, 1 year 8 months S113A

FVRCP+L 12/17/18

BCAnimal control@buttecounty.net: Rabies vaccine given 12/17/18 Rabvac 3

FVRCP: 11/18/18,

T19-009018 01/19/19

Treatment History

NORMAL

Intake Type STRAY

Due Out Date 01/19/19

Intake Date

11/14/18

Reason

Kennel Status

Hold Notify UNAVAIL



MICROCHIP: 98212605412

Location Picked Up/Found:

MICROCHIP # 982126054140039 W/3 KITTENS

Tings Of

Animal Notes & Behavior History

Printed 03/18/19 12:20 PM by jrobbins Intake By: SK

925 American Dr. Paradise, CA 95969 Town of Paradise Animal Control

LEAD OLAIMI LINDS	λ -1
Animal Evac Event #:	tound anmall
	Animal ID#: SIIDA
Date: Intake Incident Name: Cam D	Received By:
1 lime:	
30 # of animals by the	e owner at this shelter:
Name:	DAD UNICE, NOT MOL
Address:	DI#: DIACIE, NOT MOI
	Alt. Contact Name:
Where will the owner be staying during the hergency:	Alt. Contact #:
Stray animal picked up at:	
ravaduse - Drep 1 off by C	11 Vade
530-164-	0217
Dog Cat Other	ale D Female D &
Breed: Grey Black bby	Drox Age:
Warkings 1-21	
Tes No If yes, describe	of Ohn Front Parks
Animal Wearing Tags? Yes No If yes, describe	
Microchipped? Yes nee an Yes (#)	
Special Needs/Remarks	No 🗆
Has the owner been notified? No Phoned Results:	
Due to a declared emergency, Jam regular 2 Duty 2	Paperwork Left
1) Lunderstand to g Butte County Animal Control/NVADG to	board my animal(s) (listed above) and agree to all of the following
E/ GUIDE TO OMERCE	al(s).
3) I agree to contact the agency on a lar basis to keep Putte T	
1 understand that this boarding ag	pt & stundarade on my who are been
6) I understand that shade	y pet(s
I Allow	*******
Owner's Signature	ased to
BC/NVADG Witness	
I hereby acknowledge that I am the own sponsible person for the care and transportation.	1000
Owner's Signature at Release	y anin
# Windse	
White - Impound Facility	
, acittly	Pink



Kennel Record # A015449

S113B is a male, org tabby domestic mh, 5 months S113B

Intake Type STRAY

Due Out Date 01/19/19

Intake Date

11/14/18

Reason

Kennel Status UNAVAIL

Hold Notify

MICROCHIP: 98212605413

Location Picked Up/Found:

MICROCHIP # 982126054135448 W/48, 50, 51

Printed 03/18/19 12:22 PM by jrobbins

Intake By: SK

T19-009019 01/19/19

Treatment History

NORMAL

BCAnimalcontrol@buttecounty.net: Rabies Vaccine given 12/17/18 Rabvac 3

BCAC: FVRCP 11/18/18 NORMAL

T19-009020 01/19/19

FVRCP+L 12/18/18 T19-009021 01/19/19

NORMAL

Animal Notes & Behavior History

Aero L	Union Airport 1-	Carl 7/
Anima	Vac Event #:	Animal ID#: S113B
Intake	ncident Name:	21138
Form	Camp Fire	Received By:
Date: 14 2018 Time:	(# or draintals by the owner at thi	s shelter:
Owner:		Mama + 3 Kithons
Name:	Cell #:	IDL#
Address:		Alt. Contact Name:
		Alt. Contact #:
Where will the owner be staying during	he lency:	SOMEST W.
Stray animal picked up at:		a de la companya della companya della companya de la companya della companya dell
Animai Description:	to red off by Cynlls	Jado 530 764-0217
Day Day El		
Breed: DSH	ale [Spayed Neutered
0-1		Alten
Animal Maria	Mar kings:	
Apimal Manager To a	No It yes, describe	
Microchina	No If yes describe	
Special Needs/Remarks	Yes (#)	No 🗆
Opecial recess/Remarks	- 1	
Has the owner been notified? No		
has the owner been notified? No	Phoned Results:	Paperwork Left
Due to a declared amount	Liability Release	
Due to a declared emergency, I am reque: 1) I understand that my animal(s) may i	TO DOBLO MY	animal(s) (listed above) and agree to all of the following
I will not hold Butte County/NVADG R	nsed to disease and other risks while being hous naible for the health or death of my animal(s).	ed at the shelter or other facilities and therefore
I agree to attempt to find alternate ho	for my animal(s) as soon as possible.	
I agree to contact the agency on a re-	basis to keep Butte County/NVADG updated on π	Ty Whereabouts & possible atternate by a
I understand that this boarding agree I understand that I will be subject to t	is temporary and I agree to make arrangements for	or or claim my pet(s) at the close of the shater
I understand that photographs of mys	ing lees after the close of the shelter.	The street,
1 Allow or	nd my animal(s) may be taken. 1 Decline any photographs that are tell	
Owner's Signature	any photographis that are ta	ken be released to the media or public view.
g and a second		Date:
BC/NVADG Witness		
I hereby acknowledge that I am the owner care and transportation.	onsible person for the above animal. I have taken cus	stody of my animal and am now responsible to the
Owner's Signature at Release		
	Da	ite/ Time:
White - Impound Facility	Yellow - BCAC	Dint. Ov.
		Pink - Citizen Copy



Kennel Record # A015450 \$113C

S113C S113C is a male, gray and white domestic sh, 5 months

BCAC: Treated for fleas: Fipronil (Frontline) on 11/17/18
Rabies Vaccine given: 12/17/18 (Rabvac 3)
FVRCP given: 11/18/18
FVRCP Booster: 12/18/18

T19-009022 01/19/19

Treatment History

NORMAL

Intake Type STRAY

Due Out Date 01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL Hold Notify



MICROCHIP: 98212605414

Location Picked Up/Found

MICROCHIP # 982126054140048 W/48,49,51

Printed 03/18/19 12:22 PM by jrobbins

Intake By: SK

Animal Notes & Behavior History

Town of Paradise Animal Control 925 American Dr. Paradise, CA 95969 530-872-6275

11/13 Mero Ou	Chico 7	Tand an	1011	1/
Animal	Evac Event #:		al ID#:	V
Intake			5113C	
Butte County Form	Incident Name:	Fire Rece	ived By:	
Date: Time:	# of anima	s by the owner at this shelter:		
Owner:	30 4	ants mama	1 + 3 KH	tens
Name:	Cell #:	DL#:		
Address:			ontact Name:	
			ontact #:	
Where will the owner be staying during the	nergency;	Art. Co	ntact #:	
Stray animal picked up at:	1			
Par	use Droppe	d off by	rill Vado	V.
Animal Description:			530-764	0217
Dog Cat Other		Male Female		Neutered
Breed: DS[-]		Approx. Age: 14	tku	
color: Grey	Markings:	6	44	
Animal Wearing Collar? Yes	No If yes, desc	ribe	- 10 C	1 21
Animal Wearing Tags? Yes	No XI If yes, descri	ibe d		
Microchipped? Yes nee	an Yes (#)		N	
Special Needs/Remarks	een elyp	Season of the se	ST 18	
Has the owner been notified? No	Phoned Results:		Paperwork Left	
	Linbillity Del		I. aboutour Left	
Due to a declared emergency, I am requ	Liability Rel		/listed shows and access	
I understand that my animal(s) ma	exposed to disease and other risk	s while being housed at the s	helter or other facilities an	d therefore
I will not hold Butte County/NVADC	consible for the health or death of	my animal(s).		a mererore
^ · ·	ing for my animal(s) as soon as p			
n a series and agondy on a	lar basis to keep Butte County/NV	ADG updated on my whereat	outs & possible alternate l	housing.
E)	ent is temporary and I agree to ma urding fees after the close of the sh	elter	my pet(s) at the close of the	ne shelter.
6) lundont to the control of the con	and my animal(s) may be taken.			
I Allow c	I Decline any phot	ographs that are taken be rele	eased to the media or publ	lic view.
Owner's Signature		Date:		
		Date.		
BC/NVADG Witness				
I hereby acknowledge that I am the own care and transportation.	consible person for the above anim	al. I have taken custody of m	y animal and am now resp	onsbile for its
Owner's Signature at Release		Date/ Time:		
White - Impound Facility	Yellow - BCAC		Pink - Citizen Con-	





Kennel Record # A015451

S113D

S113D is a male, black and white domestic sh, 5 months

Intake Type STRAY

Photo

Photo

Due Out Date

01/19/19

Intake Date 11/14/18

Reason

Kennel Status UNAVAIL

Hold Notify

The Identification of Buttle County

MICROCHIP: 98212605254;

Printed 03/18/19 12:24 PM by jrobbins

Intake By: SK

Location Picked Up/Found:

MICROCHIP#982126052542198 W/48-50

Treatment History

NORMAL

T19-009023 01/19/19

BCAC: Frontline applied 11/17/18

Rabies Vaccine given: 12/17/18 (Rabvac 3)

FVRCP 11/18/18, FVRCP Booster +L: 12/18/18

Animal Notes & Behavior History

219	3/25 storm Fo	and animal
Anim	Evac Event #:	Animal ID#: S1131
Butte County Intal	Incident Name:	Received By:
Date: Tin		s shalter
0wner:	- 30 Habs Warms	s shelter: a Kittins
Name:	Cell #:	DL#:
Address:		Alt. Contact Name:
		Alt. Contact #:
Where will the owner be staying during	emergency:	
Stray animal picked up at:	adise - upp i ett	by Cyrill Vade
Animal Description:	53/-	164-0217
Dog Cat Othe	Male Male	Fernale Spayed Neutered
Breed: DM DS	Approx. Age	Table
Color: Black	Markings: which has	in an chest
Animal Wearing Collar? Yes	No If yes, describe	
Animal Wearing Tags? Yes	No If yes, describe	
Microchipped? Yes (Special Needs/Remarks	scan Yes (#)	No. 🗆
Special Needs/Remarks (c	in eight	
Has the owner been notified? No	Phoned Results:	
		Paperwork Left
Due to a declared emergency, I am re	Liability Release sting Butte County Animal Control/NVADG to board me	v animal(s) (listed above) and agree to all of the follow
I understand that my animal(s)	be exposed to disease and other risks while being hou	ised at the shelter or other facilities and therefore
I will not hold Butte County/NV/ 2) I agree to attempt to find alterna	responsible for the health or death of my animal(s). Dusing for my animal(s) as soon as possible.	
B) I agree to contact the agency of	gular basis to keep Butte County/NVADG updated on	My whereahout
understand that this boarding	ement is temporary and I agree to make arrangements	
l understand that I will be subje	boarding fees after the close of the shelter.	
) I understand that photograghs (self and my animal(s) may be taken. I Decline any photographs that are to	1 1 1
owner's Signature	I Decline any photographs that are t	aken be relear
where s Signature		Date:
C/NVADG Witness		
nereby acknowledge that I am the our and transportation.	responsible person for the above animal. I have taken c	sustody of my
wner's Signature at Release		Date/ Time:
1		



Treatment History

Cc242 is a male, choc pt ragdoll, 2 years CC242

Intake Type STRAY

Due Out Date 01/18/19

Intake Date

12/20/18

Reason

Kennel Status

Hold Notify UNAVAIL

> mage at this Sorry No Time :(

Animal Notes & Behavior History

Location Picked Up/Found:

8613 STIRAS WAY

NOTE: RETURNED to OWNER 1/18/19

Printed 03/18/19 12:15 PM by jrobbins Intake By: JR

925 American Dr. Paradise, CA 95969 Town of Paradise Animal Control

Room 12 #13 **BUTTE COUNTY ANIMAL CONTROL** ACTIVITY NUMBER ANIMAL ID NUMBER 202 MIRA LOMA DRIVE OROVILLE, CALIFORNIA 95965 CC-242 (530) 538-7409 • (530) 891-2907 Impound Facility FAX (530) 538-6329 Airport Bite # Received By Dust IMPOUND FORM Date Impounded 11/17/18 Time 12:26 am / Release Animal picked up at ____________ Tas Reason for Impound Animal wearing collar? No " If ves, describe Yes ____ No ___ If yes, describe _Animal wearing tags? Microchipped? Yes (#) _ Condition of Animal well Remarks Owner of Animal UNKNOWN Telephone Address ☐ Phoned _ ☐ Impound Copy: Date Left _____ Has owner been notified? ☐ Letter: Date Sent __ SURRENDER STATEMEN I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer. I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days. (circle one) I have read the above and understand the conditions. DATE_

- PRINTED NAME ______ SIGNATURE _ ADDRESS _

__ TELEPHONE NO. __

____ ZIP .

CITY

		Koom 12
		# 13
	COUNTY ANIMAL CONTI 202 MIRA LOMA DRIVE PROVILLE, CALIFORNIA 95965 530) 538-7409 • (530) 891-2907 FAX (530) 538-6329	ANIMAL ID NUMBER CC - 247 Impound Facility
Bite #		Airport
IV.	POUND FORM	Received By Dusty
Date Impounded 11/17/18 Time	17.20 am/an Release Date	Officer
Animal picked up at 86/3	Stiral Way Pa	radise CA
Reason for Impound		
Dog Cat Other	M	F S N
Breed Age 11 5 amo	Approx	r. Age unknawh
7, 516.6	Markings	
Animal wearing collar? Yes	No If yes, describe	
Animai wearing tags? Yes	No If yes, describe	
Microchipped? Yes (#)	No	
Condition of Animal well	Remarks	
Owner of Animal unknown		i
		Telephone
Address	□ Phoned	Zip
flas owner been notified?	Letter: Date Sent	eft
SURREN	IDER STATEMEN	
, the undersigned, owner or having control of the ab Control. I agree to hold the Butte County Animal Co	pove described animal, release all clai portrol, and it employees, free of all lia	ms to it to the Butte County Animal
also certily that to the best of my knowledge the sa	aid animal has / has not bitten any pe	rson within the past 14 days.
have read the above and understand the condition		DATE
RINTED NAME	SIGNATURE	
DDRESS		n.
TY	ZIPTELEPHON	E NO

henzie Menefee (CCZ4Z) Female (530) \$1762-9027 & (530)763-9119 Foster OR Adopt 2333 Pillsbury RD, Chica, Sister Lived on stiras We Call her 'Cece" (Cabincat)



Kennel Record

Treatment History

A015471 CC204

Cc204 is a spayed female, gray tabby domestic sh, 4 years

Intake Type STRAY

Due Out Date 01/23/19

Intake Date

11/18/18

Kennel Status

UNAVAIL

Reason

Image at this Sorry No Time:(

Hold Notify

Location Picked Up/Found:

Animal Notes & Behavior History

NOTE: RETURNED TO OWNER 1/23/19

ACTIVITY NUMBER		INTY ANIMAL CO	NTROL C	ANIMAL ID NUMBE
4	OROVII	LLE, CALIFORNIA 95965		A Couling
/		38-7409 • (530) 891-2907 AX (530) 538-6329		Impound Facility
Bite #	3011			
,	' IBADA	OLIND FORM		Ву Д.
	IMP	OUND FORM	ı	
Date Impounded 1	14/18 Time	am/pm Release Dat	e(Officer
Animal picked up at	Skyway ?!	Planstaff R	d Parac	lise
Reason for Impound	•	()),	16.4	
		10		
Dog Cat X	Other	NV	CY X	S N
Breed		11/1/200	prox. Age _2	MARCONS
Color Gray			Mex. Age	4.
1			12)	
Animal wearing collar? Animal wearing tags?		If yes, describ		
Microchipped?			~~/	
Condition of Animal				
	may	Nemarks		
Owner of Animal				
				Telephone
Address		□ Dhoned	City	Zip
		☐ Phoned		
Has owner been notified	<u> </u>	☐ Letter: Date Sen		
	SURREND	DER STATEM	IENT	 -
I, the undersigned, owner or ha Control. I agree to hold the Bu				
also certify that to the best of	my knowledge the said	animal has / has not bitter (circle one)	n any person within	the past 14 days.
have read the above and und	erstand the conditions.		DATE	
PRINTED NAME		SIGNATURE		
ADDRESS				
CITY	7	ZIP TE	LEPHONE NO	



Animal ID: A0928779

Kennel No:

CAT03-E

Intake Date:

11/14/18

Status:

STRAY



Age:

2Y 0M

Sex:

UNALTERED FEMALE

Weight:

8.80 LBS

Color:

BROWN

Collar:

NONE

Markings:

Intake Type: STRAY

Intake Subtype: OTC

Microchip Scan: YES NEGATIVE on 11/14/18 @ 1:32 pm

Location Found 0 SKYWAY X WAGSSTAFF RD PARADISE

11/14/2018 1:40:29PM

Assessment Date: 11/20/18

DDA, PDA & PDA EXP, AGGRESSIVE, UNPREDCTBL, HYPERACTIV, ACTIVE, TIMID, FRIENDLY, DULL C:\Program Files\Chameleon Software\Chameleon\Crystal\F3 Reports\Kennel Card_RS.rpt



Kennel Record # A015532

Ca166A is a neutered male, brn tabby and white domestic sh, 4 years **CA166A**

12/08/2018 Care Animal Hosp-Redding ID#3339, File #: 2891

Treated for burns on front feet

T19-009072 02/27/19

Treatment History

MOUND

Intake Type STRAY

Due Out Date 12/14/18

Intake Date 11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify

MICROCHIP: 98212605414

Location Picked Up/Found:

NEAR RITE AID -MAGALIA

mage at this Sorry No Time :(

Animal Notes & Behavior History

NOTE: WAS RETURNED TO OWNER 12/29/18

Printed 03/18/19 12:04 PM by SKAMM

Intake By: SK

925 American Dr. Paradise, CA 95969 Town of Paradise Animal Control

#474

	l
Butte County	
Date:	2

Animal Intake

Eva

c Event #:	Animal ID#: CA 166A

Incident Name: Received By: Form Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552,3888 # of animals by the owner at this shelter: Owner: Name: Cell #: DI #: Address: Alt. Contact Name: Alt. Contact #: Where will the owner be staying during the emergency: Stray animal picked up at: Animal Description: Dog Other Male Female Neutered Breed: Approx. Age: Color: Markings: Animal Wearing Collar Yes No If yes, describe Animal Wearing Tags? Yes No If yes, describe Microchipped? Yes need scan Yes (#) cial Needs/Remarks Has the owner been notified? Phoned Results: Paperwork Left Liability Release Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following: I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore 1) I will not hold Butte County/NVADG responsible for the health or death of my animal(s). I agree to attempt to find alternate housing for my animal(s) as soon as possible. 2) 3) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing. 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter. 5) I understand that I will be subject to boarding fees after the close of the shelter. I understand that photograghs of myself and my animal(s) may be taken. 6) I Allow I Decline any photographs that are taken be released to the media or public view. Owner's Signature Date: **BC/NVADG Witness** I be reby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsbile for its and transportation. Owner's Signature at Release Date/ Time: White - Impound Facility Yellow - BCAC

Out hilding

Pink - Citizen Copy



Kennel Record # A015456

E139A is a female, brn tabby domestic sh, 3 years E139A

Intake Type RETURN

Due Out Date 01/22/19

Intake Date

01/22/19

Reason

Kennel Status

Hold Notify

UNAVAIL



MICROCHIP: 98212605413

Location Picked Up/Found:

ADOPTER CHANGED MIND.

T19-009028 01/19/19

NORMAL

Treatment History

BCAC: Preventative: Advantage II Burn Treatments R front, L hind Rabies Vaccination given: 12/01/18 (Rabvac 3) FVRCP+L: 12/01/18 FVRCP+L: 12/16/18

Animal Notes & Behavior History

NOTE: ADOPTION FEB. 2, 2019

530-872-6275

Intake By: JR



Intake

Evac Event #:	Strax
	Animal ID#= 139A
Incident Name: CAMP File	Received By:

Butte County		ncident Name:	To a T	Rec	eived By:	/	
PUBLIC HEALTH	rm L		UMD F	112	. 1	aven	
Disaste	r Shelter 530.53	8.7019 - NVAD	G Hotline 530.8	95.0000 - BC/	AC Office 520	550,0000	
Date:	Time: 17	24 #	f animals by the owne	r at this shelter:	AC Office 530	002.3888	
Owner:		- T					
Name:	C	ell#:		DL#:	, p		. 1
Address: 1/c) 2	+				11 4		
1082	G07	e Lai	re	Alt. C	itact Name:		
VII.	Para	-215-		Alt. C	ontact #:		
Where will the owner be staying d	uring the emergence	y:	A				
Stray animal picked up at:				4			
	The District Control			1	Jan.		
Animal Description:			es W	6		THE VIEW	
Dog Cat Co	ther	1					- 13 .
Breed:	1		Male	↑ Femal	Spaye	d Neutered	
0	wi.		Approx	Age:	1	1 IN	T
Color: Kycwn	Tabby	Mark	ings:	5.0			+
nimal Wearing Collar?	es No	,		- XX		1/1/	
nimal Wearing Tags?			, describe	16			
	s No	If yes	describe	,			
rochipped? Ye	s need scan	Yes (#)	JXV.	10		/
pecial Needs/Remarks	_				1911	No L	
		No.				/	
as the owner been notified? No							
as trie owner been notified? No	Phone	ed Result	S:		Paperwo	ork Left	
		Liability	Release				_
e to a declared emergency, I am re I understand that my animal(s) r	equesting Butte Cor	unty Animal Contr	ol/NVADG to board	my animal/a) ///	lada da		
I understand that my animal(s) r	may be exposed to	disease and othe	risks while being t	roverdet II	sted above) and	agree to all of the fo	llowing
will not hold Butte County/NVA	DG responsible for	the health or dea	th of my animal(a)	ioused at the sh	elter or other fac	ilities and therefore	
agree to attempt to find alterna	te housing for my a	nimal(e) as soon	in or my animai(s).				
I agree to contact the agency on	a regular basis to I	keen Putto Court	as possible.				
I agree to contact the agency on understand that this boarding a	Oreement is towns	weeh enrie Colluit	//NVADG updated	on my whereabo	uts & possible at	ternate housing.	
	arcometir is retitibol	rary and I agree to	make arrangemen	its for or claim m	y pet(s) at the cl	ose of the shelter.	
7.00	To poor and lees a	iter the close of th	e sheiter				
understand that photographs of	mysen and my ank	mal(s) may be tak	en.				

4) 5) 6) Allow] | Decline any photographs that are taken be released to the media or public view. Owner's Signature Date: BC/NVADG Witness reby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsbile for its care and transportation. Owner's Signature at Release

White - Impound Facility

2) 3)

Yellow - BCAC

Plnk - Citizen Copy

Date/ Time:



NVADG Small Animal Care Schedule 1083 Gate in No cho

ANIMAL ID NUMBER F1301A

	rm to remain		l!) (F	Return (Care Sche	lule w	ith clipboard t	to Intake when anim	al is released.)
OWNER	Last Name:						First Name:		
<u> </u>	<u> </u>	100 m 100 m			200				T 1
N	ame	Specie	es	Bı	reed	Col	or/markings	Gender	ID (collar/tag/etc. DESCRIBE
List medical	List medical problems, necessary medica details.						News	☐ Male	
details.							ude time & meti	hod normally administe	red and any other
			ich we sn	ould be	e advised.				
SPECIAL INS	TRUCTIONS:				· · · · · · · · · · · · · · · · · · ·		Under Vet		and the second
					-7.7			Picture	
Date		Walked	Fed		Cage Cle			Comments	
W18 190	0		V					Comments	
11/19/18 1	088						New into	ake. Burns to	Dook ontail
							alerted T	or team. Nom	al usine
							no stoc	ol. Appears i	n heat
							Eating		
					·		, , ,	ed paul ako k	RIR
							Ali. Seda	ton dan Con	Kn.L.
111							buprend	phine. SQF	lusts PRIV
IIIAIB							RF: burn	to pad; but	n pretocol
								intment /bonde	
				-+				rficual burn 1	
							foot cle	aned wy delut	ca clarcheCHX
						-	Compagne-		
							Convenia	~ 32 ma 50	an 97d.
						_	E-Eollor		
					<u>. </u>				

Revised 5/16/2016



Kennel Record

A015577

Treatment History

Ca221A is a neutered male, sI lynx pt and white siamese, 5 months **CA221A**

Intake Type STRAY

Due Out Date

01/18/19

mage at this Sorry No

Intake Date

12/20/18

Reason

Time :(

Hold Notify

Kennel Status

UNAVAIL

MICROCHIP: 98212605413

Animal Notes & Behavior History

Location Picked Up/Found:

NOTE: WAS ADOPTED 1/18/19

Printed 03/18/19 10:14 AM by jrobbins Intake By: JR



Kennel Record

A015577

Treatment History

Ca221A is a neutered male, sI lynx pt and white siamese, 5 months **CA221A**

Intake Type STRAY

Due Out Date

01/18/19

Intake Date

12/20/18

Kennel Status

Reason

Hold Notify UNAVAIL

MICROCHIP: 98212605413

Location Picked Up/Found:

mage at this Sorry No Time :(

Animal Notes & Behavior History

NOTE: WAS ADOPTED 1/18/19

Intake By: JR

Printed 03/18/19 10:14 AM by jrobbins

925 American Dr. Paradise, CA 95969 Town of Paradise Animal Control

A Alma	VAD	G An	ima	l Car	e S	Schedi	ro ile	理
J. F. NOT CLAME	THI CKSON	~	OKO O	PO O		(Jauler	(Crody 0)	15 2/
FNOT CLAIMER AFROLL CAU 6A ROLL CAU	328-1644	200	JA 18		R	3 tacks	Chody 58-88 Intake #	CC221
(Form to	emain with an	mal!)	(Return			N N	to Intake when ani	
OWNER Last	Name: UNKN	own				First Name:	Unknown	mar is released.)
	*	<u> </u>	fiv.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		* \	· · · ·	
Name	Sp	ecies	В	reed	Col	or/markings	Gender	ID (collar/tag/etc.) DESCRIBE
			DC		wh	iite/	Z Male	N
	Fel		DS	דיי	qr	rey	☐ Female ☐ Spay/Neuter	VER
List medical probl	Office management				•	-	Intact	
List medical probl details.	ems, necessar	/ medicatio	ns, or di	etary need	S? Incl	ude time & met	hod normally administ	ered and any other
List behavioral cha	aracteristics of	which we s	hould b	e advised				
SPECIAL INSTRUCT				-	1)0		FEED) FISH
SPECIAL INSTRUCT	IONS:					Under Vet		
1050 (100 H (100 H))	Guarda and C	redigia et	ign all th				Picture	YES
Date	Walked	Fe	d	Cage Cle	aned	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Comments	
11/15/18						Arrive	4	
11/16						Eat,		
11/16	5:00					eating	drink	ives.
11/16 1930	193	-		V		ple 4p	800	0
11/17 0620	-tho	X		X		has die	arrealy ec	iting
11/7/1900	2/	- V				has a	larrean	
11-18	Ologo	1, -				2000	F.F-	
11/18/19	1 Dose – 0.2 ml Feline Panleukopania Vaccine, Modified Live Virus	tal. Sons out unlight at a mot over how label us directions. DEC 19	Feline Pa	n = 0.2 ml nleukopenia \$5 ifiliad Live Virus \$7.5	C 166	-+1		* *
1	Dionand Animal Health, Inc.	ිසිරි මින්	U.S. Ver Lie Diemond Ani	ansa No. 213	Fr. complete direct	8 - 100	-419 SN	MSC
,	1-888-545-5973 010339	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-888-545-5	A 50327 USA E 5	10.0	3 - CYU	m Vox -OV	1
11/18	700					G-Col (200-11/2 /0	10 = 1 d
11/19 0730		. 0		X		2000	uppetite /a	larrhea
11/9 0851					ì	eternan	exam- Adou	the Douby we
11/19 BS69M				X.		hepar	15 mm 101	NOUTHON EXAM
11120174	Visuale			V		Hardaso	Topol as	avoid start
11/2018 10:20	pm 10	mild				1111	0	10/21 5/200
11/20/18 1800p	n X	X						
11/20/18	H20	X	-	X		Good!		
11/21/18	1120			X	C	at, po	DOP, pel	
11/2/19. 1	H:00			1		111	· / -	
						ea Day	KiHM, wo	the Krostna.
Revised 5/21/0214	+			4			My CIII	11/10 m
				75E			# 1. / 1.	766/16p

Animal Care Schedule

	MELAL MANUMBER CC22
o watemsté tro fil	e with Grand to Into e when animal is (Peased.)
	First Name:
Breed	Color/markings Gender DESCRIBE
7D8H	white/ Male Gremale El Spay/Neuter Intact
is a por dietaly need	5? Include time & method normally administered and any other
remuld be advised.	ish
it sauld be gavises.	
e vi A≱	Under Vet Care . 🗆 🐪
77 03 FT	Picture YES
	Comments
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	Spot clean and fed.
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	Active
-que	
	Ward littly ted
	LILANCA: CINTS WOTH UNG
5 8 VIOIS	GEO DE KITTEN FOOD
33 1/1533	FED DRY KITTEN FOOD

2 : 1



NVADG Animal Care Schedule

2/3

	0/3	1	0 =		Intake# CCZZI
			combine as a	track free in	CITY OF THE STATE
	Date	Walked	Ped Fed	Cage Cleaned	
	11/22/18				HAS FOOD WATER GLEAN LITTER
	11/200	1500			Pizmhen wi box
	11 2/3	1900			Tranchea
	V/24 084	15 /			diarrhea
	11/24 150	24 V	V/	1 *.	110
	11/14/215				RA
	11/24 1800	1	/	X	
	11/25 1130	1	i i	V	loved a bit
	11/26 1	41:36			unio
-	11/26	G 1600	1	V	lase stool
		4.7%	7	i -	1/8
	11 21			1	
1	11/27	16A0		L-15	lassest on
	1129	BAM V			12 8
-	· #12			1 mg	
-	11/79/18		0810	0310	POO & PRE-formed poup
-	11/2018			4	nor not a yam
-	11/29/18	1530	4	V.	all peed
-	1/11/30/18	0.845	1-	L	good pop, pee/ appetite
L	11/30	1800		V	9000
1.	12-1	0860	+ to	L	good poo, pee/zpatite
-	12/1 1749				
L	12/20	28002 13		V	good poo pee/
L	12/12/1	_4			5000
<u>_</u>	12/2			1/	
L	12/3				Solid Stool, no concerny Dr. Hower
<u> </u>	12/3	914	914	914	No. 10 and 10 an
	1213	15511	7	1224	Spot Claan
	12/4	0880	V	V .	9000- 0
	1214	4		<u></u>	geree
	1215 1	0,9000	2230	0830	
	12/08	1			9000
_	12/6 1	15-51	<u></u>	~	clah, new water, playpet
_	17/7	0-154	6754	6757	1
			-		



NVADG Small Animal Care Schedule



ANIMAL ID NUMBER (C221

	remain with anii	mal!)	(Return	Care Sched	lule w	ith clipboard	to Intake when anin	nal is released.)
OWNER Las	t Name:					First Name:		No.
	William Fair A.				il # 5			* **
Name	Spe	ecies	В	reed	Col	or/markings	Gender	ID (collar/tag/etc DESCRIBE
	Fel		DS			hita/ - grey	☐ Male ☐ Female ☐ Spay/Neuter ☐ Intact	nef
List medical prol	blems, necessary	medicatio	ns, or di	etary need	s? Inc	lude time & met	hod normally administe	red andany other
details.		To	not .	FRED F	ish	<i></i>		
List behavioral c	haracteristics of	which we s	hould b	e advised.	10			
SPECIAL INSTRUC	TIONS	-	· .					
SPECIAL INSTRUC	JIIONS; A A			΄.		Under Ve		-
TERESTEL DE LESSES	(River and The Land	e en el Rivol					Picture	
Date	Walked	F	ed	Cage Cle	aned		Comments	
12/8	1102	1 1		1		goodpla	1.f. 1 5 5,002	^^
1214	1000	163	00	16:0	5		BULL TAKEL	
12/9	1040			~7		good d	TYO! CHEW	ree)
17/9	1200				-	good		
		US Vel. U.S. No. 1		VLN/PCRI 185/1858-23	7			
- 4		Set: Esp.: 41504	로그	Ser.: Exp.: 8290159Å ₁		611911	e) (.860)	<u> </u>
.4 3	4.1	010	E CL	26 OCT 19	######################################	* * * * * * * * * * * * * * * * * * *	Wha	
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171/0	0949	0940	(b	0949	30	Pee, No	Pool	
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12/12	830am			14113	VP+		(Mand II)	
12/12	43 JODAL					Sout 1	lean and	Po-l
2/13/18		083	50	0250	\sim \dagger	7101	see on	HOI.
2/13/18		150	7	<u>U</u> (1)71	ree DIV	
2/14/18	0745	1		1_	-	Motion.		
	1540			.1		Actor P+BM		
2/15/18	12 (0	1001				Munp	114201	0.1
1/13		10.6	200000	. <u></u>	-	Clark	d litter	170
10/						VILLATUTE	Y KNT) NO	th dry
2.16.18		1015	/	1015	-	FIW &	1/	
2.16.18		1152		1537	_ }	ED DRY	KITTEN FOOD	



NVADG Small Animal Care Schedule

REGERD (Bethe Date	current time to re	Fed	ed and Cage Cleans		
217-2018		1	Cage Cleaned	Com	nents
12/17		A DEA ONLY	1 0935	PLAYFUL/HAPPY	093
1537	16. CLB	/	1	merochip	
218	8980-	V		90 80 DX	982 126 054 138
12/18			1	1000	
				Spot cleaned	
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			- 74		1 mg/ thi co
			- 24		

FVRCP Rabies (required) Phone 530-552-3888 FVRCP+L Part II - Identification of Butte County Point of Contact Age HSG Breed art III - Health Examination Juvenile Vaccination Photo 12/9/18 Fax 530-538-6329 11/18/18 12/9/18 (rabvac3) All grey tail Special marking Second Breed CC221A Date of administration Photo Frontline Email address BCAnimalcontrol@buttecounty.net Revolution Pyrante| white Color Date Found 982-126-054-138-113 11/15/18 a dum min Preventative Photo 12/9/18 12/9/18 11/17/18 grey Male intact Location Found vex Date of Administration Second color Photo

FVRCP: R = Rhinotracheitis; C = Calicivirus, P = Panleukopenia; L = Feline Leukemia



Butte County Animal Passport



Pertinent Medical History

- 1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
- 2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
- 3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
- 4. The caretaking institution is responsible for proper husbandry and good animal welfare.
- I agree to the above clauses and will uphold agreements made with Butte county.

BUTTE COUNTY ANIMAL CONTROL ACTIVITY NUMBER 202 MIRA LOMA DRIVE **OROVILLE, CALIFORNIA 95965** (530) 538-7409 • (530) 891-2907 FAX (530) 538-6329 Bite# Received By Dusty IMPOUND FORM Date Impounded 11/16/18 Time 3 29 am/pm Release Date _____ Officer _____ Animal picked up at Aquatic Park Paradise Reason for Impound Found in evacuation area Dog ____ Cat _X_ Other ____ M _X F __ S ___ N ___ intact Breed DSH Approx. Age Kitten

Animal wearing collar?

Has owner been notified?

Owner of Animal WAYAGOWO

Address

Animal wearing tags?

ANIMAL ID NUMBER

Impound Facility

Airport

Telephone

SURRENDER STATEMENT

☐ Phoned _____

___ Date Sent

☐ Impound Copy: Date Left _____

Color_white, Grey_____ Markings_____

Yes ____ No __X_ If yes, describe ____

Condition of Animal well Remarks _____

Microchipped? CONKNOWIYes (#) ______ No ____

Yes ____ No _X_ If yes, describe _____

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.

	(circle one)	
I have read the above and understand the conditions.		DATE
PRINTED NAME		
ADDRESS		
CITYZIP	TELEPHONE I	NO.

BUTTE COUNTY ANIMAL CONTROL ANIMAL ID NUMBER **ACTIVITY NUMBER** 202 MIRA LOMA DRIVE **OROVILLE, CALIFORNIA 95965** Impound Facility (530) 538-7409 • (530) 891-2907 FAX (530) 538-6329 Bite# Received By Dusti IMPOUND FORM Date Impounded 11/16/18 Time 3 29 am/s Release Date Officer Animal picked up at Aquatic Park Paradise Reason for Impound Found in evacuation area Dog ____ Cat X Other ____ Breed DSH Approx. Age Kitten Color white Grew Markings Animal wearing collar? Yes ____ No _X If yes, describe _____ Yes ____ No __X_ If yes, describe __ Animal wearing tags? Microchipped? unknowives (#) ______ No ____ Condition of Animal well Remarks Owner of Animal UNIVOUN Telephone Address ☐ Phoned __ ☐ Impound Copy: Date Left _____ Has owner been notified? ■ ☐ Letter: Date Sent. SURRENDER STATEMENT I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer. I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days. (circle one) I have read the above and understand the conditions. DATE ______ SIGNATURE _ PRINTED NAME

ZIP ______ TELEPHONE NO. _____

ADDRESS

CITY_



Treatment History

Cc231 is a male, gray and white domestic sh, 3 CC231

Intake Type STRAY years

mage at this Sorry No Time :(

<u>Due Out Date</u> 01/18/19

Intake Date

12/20/18

Reason

Kennel Status

UNAVAIL

Hold Notify

Location Picked Up/Found:

6835 PENTZ ROAD

Animal Notes & Behavior History

NUTE: RTO 12/29/18

Printed 03/18/19 10:19 AM by jrobbins Intake By: JR

> 925 American Dr. Paradise, CA 95969 Town of Paradise Animal Control

530-872-6275

Date Impounded 11/16/18 Time 130 a.m./p.m. Release Date Animal picked up at 16/18 Poul Release Consest cross street) Reason for Impound	\sim
Date Impounded 11/16/18 Time 1930 am/pm Release Date Animal picked up at 11/20 6835 Pontz Rd. (found)	Received By Jennifer Acer
Reason for Impound	Officer Lychogers)
Dog Cat Other M	Mostly black nose
Microchipped? Yes (#) No Condition of Animal Remarks	
Owner of Animal	Telephone
Address City Phoned Impound Copy: Date Letter: Date Sent	eft
SURRENDER STATEMENT	
I, the undersigned, owner or having control of the above described animal, release all clair Control. I agree to hold the Butte County Animal Control, and it employees, free of all lia	made it to the Dutte Court to
I also certify that to the best of my knowledge the said animal has / has not bitten any per (circle one) I have read the above and understand the conditions.	

____ ZIP _____ TELEPHONE NO. _____

PRINTED NAME ______ SIGNATURE ____

ADDRESS_

CITY____



Ca127B is a female, brn tabby and org tabby domestic sh, 3 years **CA127B**

Intake Type STRAY

Due Out Date 01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 98212605413

Location Picked Up/Found:

MICROCHIP# 982126054138395

Treatment History

T19-009025 01/19/19

BCAC: Preventative: Fipronil (Frontline) given 11/17/18 FVRCP: 11/18/18 FVRCP+L 12/09/18

Rabies Vaccine (Rabvac 3) given: 12/01/18

Animal Notes & Behavior History

NOTE: TRANSFERRED FROM DEL ORD/BUTTE COUNTY ON DECEMBER 20th, 2018

TRASFERRED TO PLACER COUNTY ANIMAL SORVICES 1/29/2019

925 American Dr. Paradise, CA 95969 Town of Paradise Animal Control 530-872-6275

And the second s			2/10	453
Animal	Evac Event #:	Anima	11D# CA1276	-10_
Intake	Incident Name:		<u> </u>	
Butte County Form	incident Name:	eiv	(ed By:	
Date: 11 1/1 10 Time:	30.538.7019 - NVADG Hot	line 530.895,0000 - 3C/C	Office 530552.3888	
Date: 11-14-18, Time:	# of anima	by the owner at the large ite		
Owner:				
Name:	Cell #:			
Address:		AC	act Name:	
	A	Alf. Con	tact #:	
Where will the owner be staying during the em-	H			
Stray animal picked up at: 53 ZZ EDG	7.0001	A THE		
Animal Description:	EWOOD LAND	ARADISE SR	HOME PARK	
Dog Cat Other	10F6	Male Female	Spayed Neutere	ed 📗
Breed: BROWN TABBY		Approx. Age:	W. A.	
Color:	Markings:		5	
Animal Wearing Collar? Yes	No If yes, descr	ibe		
Animal Wearing Tags? Yes	No If yes, descr	ibe		
Microchipped? Yes need scan	Yes (#)		No No	
cial Needs/Remarks				1
Has the owner been notified?	Phoned Results:			
			Paperwork Left	
Due to a declared emergency, I am requesting Bu 1) I understand that my animal(s) may be expended.	Liability Rel	ease		
I understand that my animal(s) may be expo I will not hold Butte County/NVADG response	sed to disease and other risks	While being boused at the about	ed above) and agree to all of the	following:
osunty/NVADG respons	ible for the health or death of m	ny animal(s).	er or other facilities and therefore	В
I agree to attempt to find alternate housing for	or my animal(s) as soon as pos	sible.		
 I agree to contact the agency on a regular bat I understand that this booming agree and the 	sis to keep Butte County/NVA	OG updated on my whereabout	s & possible atternate housing	
s agreement is	temporary and I agree to make	arrangements for or claim my	pet(s) at the close of the shelter.	,
man i www po amplect to boarding	rees after the close of the shell	ter.		
6) I understand that photographs of myself and				
	I Decline any photo	graphs that are taken be releas	sed to the media or public view.	

White - Impound Facility

Owner's Signature

BC/NVADG Witness

Owner's Signature at Release

Yellow - BCAC

reby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsbile for its

Pink - Citizen Copy

Date:

Date/ Time:



Kennel Record

A015524

Treatment History

E196A is a female, brn tabby and black domestic mh, no age E196A

Intake Type STRAY

Due Out <u>Date</u> 12/19/18

Intake Date

mage at this

Sorry No

Time :(

Kennel Status

Reason

11/19/18

UNAVAIL

Hold Notify

MICROCHIP: 98212605414

Location Picked Up/Found:

ACE HARDWARE/CLARK

Animal Notes & Behavior History

Mate: Returned to owned 12/29/18

Printed 03/18/19 2:08 PM by SKAMM Intake By: SK



Animal Intake

vac Event #:	レル	70	
LVGIE #.		Animal	ID#:

Incident Name: Received By: Form am Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888 Date: # of animals by the owner at this shelter: Owner: Name: Cell #: DL#: Address: Alt. Contact Name: Alt. Contact # Where will the owner be staying during the emergency: Stray animal picked up at: Arimal Discription: Dog Cat Other Male Female Spayed Neutered Breed: Approx. Age: Color: Markings: Animal Wearing Collar? If yes, desdribe Animal Wearing Tags? Yes No If yes, describe ochipped? Yes need scan Yes (#) No Special Needs/Remarks Has the owner been notified? No Phoned Results: Paperwork Left Liability Release Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following: I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s). Fagree to attempt to find atternate housing for my animal(s) as soon as possible. 2) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing. 3) understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter. 4) I understand that I will be subject to boarding fees after the close of the shelter. 5) I understand that photograghs of myself and my animal(s) may be taken. 6) I Allow I Decline any photographs that are taken be released to the media or public view. Owner's Signature Date: BC/NVADG Witness jeby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsbile for its care and transportation. Owner's Signature at Release Date/ Time:

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy

Animal Hospital on the Ridge & The VetMobile 1509 Wagstaff Road Paradise, CA 95969

(530) 877-3000

2019 PASH (# 14504) (None),

Feb 08, 2019 **Invoice Number** 44139

Cashier: 13

River (# A)

Species: Feline

Sex: Male Neutered

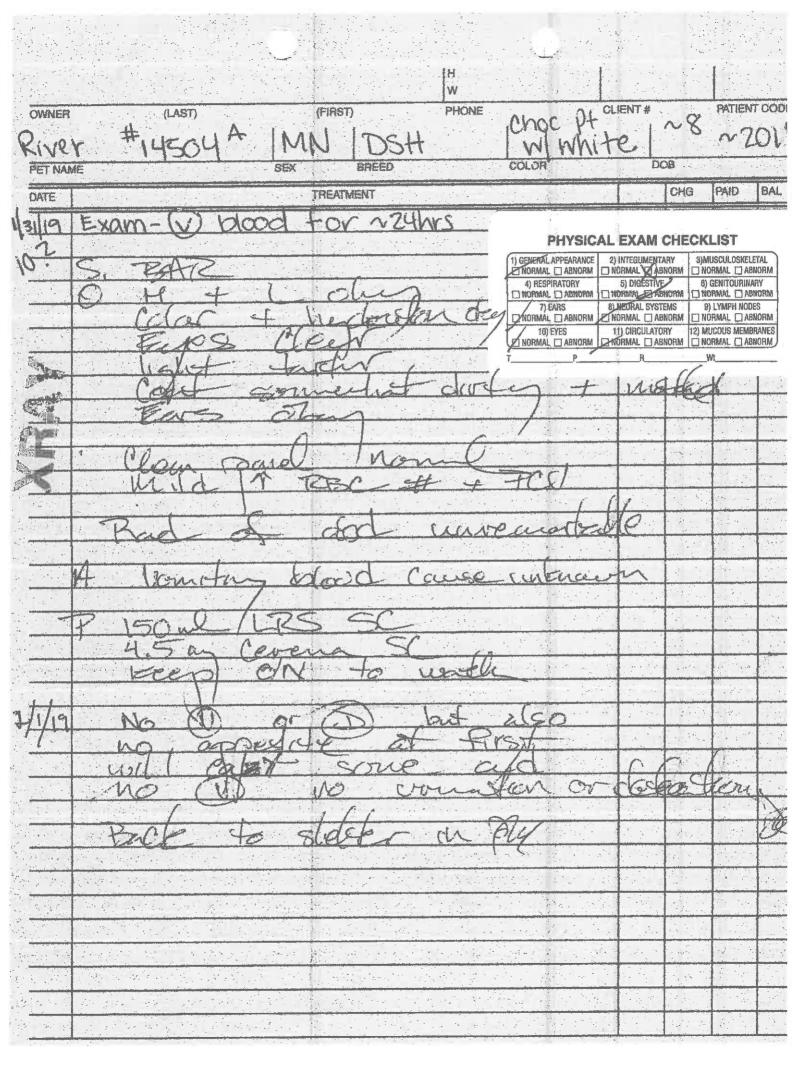
Age: 8 years and 2 months old

Breed: DSH

Coat Color: Chocolate Point

Weight: 0 lbs.

Date Description		Qty		
02/01/2019	Exam - Courtesy	1.00	\$	0.00
		Total for River:	\$	0.00
Dr. Dalia Mathan		Total Invoice:	\$	0.00
DI. Dulla Irlandia	Dalia Mathan	Previous Balance:	\$	0.00
		Total Amount Due:	\$	0.00
		New Balance Due:	\$	0.00



W PATIENT CODE CLIENT# PHONE (FIRST) OWNER BREED BAL PAID CHG TREATMENT DATE d PHYSICAL EXAM CHECKLIST 1) GENERAL APPEARANCE NORMAL | ABNORM 2) INTEGUMENPARY

NORMAL ABNORM 3)MUSCULOSKELETAL □ NORMAL □ ABNORM 4) RESPIRATORY
HORMAL DABNORM 5) DIGESTATE
NORMAL Y ABNORM 6) GENITOURINARY ONORMAL ABNORM

9) LYMPH NODES
NORMAL ABNORM 7) EARS 8) NEURAL SYSTEMS NORMAL _ ABNORM 11) CIRCULATORY 12) MUCOUS MEMBRANES NORMAL ABNORM 10) EYES MORMAL ABNORM · . . . 00

Animal Hospital on the Ridge & The VetMobile 1509 Wagstaff Road Paradise, CA 95969

(530) 877-3000

2019 PASH (# 14504) (None),

Feb 14, 2019 **Invoice Number** 44200

Stray (Found After Fire) (#

Species: Feline Sex: Male Age: Breed: DSH Coat Color: (None)
Weight: 0 lbs.

Date	Description	Qty	Price
02/08/2019	Exam - Courtesy	1.00	\$ 0.00
02/00/2015	Subcutaneous Fluids	1.00	\$ 25.00
	Convenia inj per ml	0.50 _{ml}	\$ 34.00
		Total for Stray (Found After Fire):	\$ 59.00
Dr. Dalia Mathan		Total Invoice:	\$ 59.00
211 2 4114 11244		Previous Balance:	\$ 0.00
		Total Amount Due:	\$ 59.00
		Check(2878)	\$ 59.00
		Total Payments - Thank you:	\$ 59.00
		New Balance Due:	\$ 0.00

(FIRST) PATIENT COL OWNER PHONE CLIENT# (LAST) DOB PET NAME BHEED PAID BAL CHG TREATMENT PHYSICAL EXAM CHECKLIST 1) GENERAL APPEARANCE
NORMAL | ABNORM 2) INTEGUMENTARY 3)MUSQULOSKELETAL Ĭ NORMAL ☐ ABNORM NORMAL ABNORM 6) GENTTOURINARY NORMAL _ ABNORM 4) RESPIRATORY 5) DIGESTIVE ABNORM □ NORMAL □ ABNORM 7) EARS NORMAL ABNORM 9) LYMPH NODES

HORMAL | ABNORM 10) EYES 147 CIRCULATORY 12) MUCOUS MEMBRANES NORMAL ABNORM NORMAL | ABNORM MORMAL MABNORM

Animal Hospital on the Ridge & The VetMobile

1509 Wagstaff Road Paradise, CA 95969 (530) 877-3000

2019 PASH (# 14504) (None), Mar 18, 2019 Invoice Number OPEN: 0

Jose (# H)

Species: Feline
Sex: Male Neutered
Age: 1 year old
Breed: DSH
Coat Color: Badger/White

Weight: 0 lbs.

Date	Description	Qty	 Price
03/07/2019	Exam - additional animal 1	1.00	\$ 37.00
03/07/2019	Convenia inj per ml	0.40 _{ml}	\$ 34.00
	BNP Opth. Oint.	1.00 Tube	\$ 24.00
		Total for Jose:	\$ 95.00

Exam Annual: 03/05/2020

Lane (# G)

Species: Feline

Sex: Male Neutered
Age: 1 year old
Breed: DMH
Coat Color: Black
Weight: 0 lbs.

Date	Description	Qty		Price
03/07/2019	Exam Convenia inj per ml BNP Opth. Oint.	1.00 0.45 _{ml} 1.00 _{Tube}	\$ \$ \$	47.00 34.00 24.00
		Total for Lane:	\$	105.00
Dr. Dalia Mathan		Total Invoice:	\$	200.00

Animal Hospital on the Ridge & The VetMobile

1509 Wagstaff Road Paradise, CA 95969 (530) 877-3000

2019 PASH (# 14504) (None), Mar 18, 2019 Invoice Number OPEN: 0

Jose (# H)

Species: Feline
Sex: Male Neutered
Age: 1 year old
Breed: DSH
Coat Color: Badger/White
Weight: 0 lbs.

Qty Price Description Date \$ 37.00 Exam - additional animal 1 1.00 03/07/2019 \$ 34.00 $0.40 \, \mathrm{mi}$ Convenia inj per ml \$ 24.00 **BNP Opth. Oint.** 1.00 Tube 95.00 Total for Jose:

Lane (# G)

Species: Feline

Sex: Male Neutered Age: 1 year old Breed: DMH Coat Color: Black

oat Color: Black Weight: 0 lbs. Exam Annual: 03/05/2020

Date	Description	Qty	 Price
03/07/2019	Exam	1.00	\$ 47.00
00/0//2010	Convenia inj per ml	0.45 _{ml}	\$ 34.00
	BNP Opth. Oint.	1.00 Tube	\$ 24.00
		Total for Lane:	\$ 105.00
Dr. Dalia Mathan		Total Invoice:	\$ 200.00

W (FIRST) PATIENT COL OWNER PHONE CLIENT# PET NAME CUO DAID DAI TREATMENT DATE PHYSICAL EXAM CHECKLIST 3)MUSCULOSKELETAL NORMAL ABNORI 1) GENERAL APPEARANCE NORMAL ABNORM 2) INTEGUMENTARY

NORMAL ABNORM 4) RESRIPATORY
NORMAL ABNORM
7) PARS
NORMAL ABNORM 5) DIGESTIVE

HORMAL ABNORM S) GENITOURINARY NORMAL ABNOR 8) NEURAL SYSTEMS / NORMAL | ABNORM 9) LYMPH NODES

NORMAL () ABNORI 12) MUCOUS MEMBRANE 10) EYES MAL XABNORM 11 CIRCULATORY NORMAL [] ABNORM



Treatment History

E196A is a female, brn tabby and black domestic mh, no age E196A

Intake Type STRAY

Due Out Date 12/19/18

Sorry No

mage at this Time :(

Intake Date

11/19/18

Reason

Kennel Status UNAVAIL

Hold Notify

MICROCHIP: 98212605414

Location Picked Up/Found:

ACE HARDWARE/CLARK

Animal Notes & Behavior History

MOTE: RETURNED TO OWNER 12/29/18

Intake By: SK

Printed 03/18/19 2:08 PM by SKAMM

925 American Dr. Paradise, CA 95969 Town of Paradise Animal Control

530-872-6275



Animal

	Strex	
ac Event #:	Animei ID #:	F.196A
ident Name		

Intake Incident Name: Received By: Form Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888 Date: # of animals by the owner at this shelter: Owner: Name: Cell #: DL#: Address: Alt. Contact Name: Alt. Contact #: Where will the owner be staying during the emergency: Stray animal picked up at: Animal Description: Dog Cat Other Male Female Spayed Neutered Breed: Approx. Age: Color: Markings: Animal Wearing Collar? Yes No If yes, describe Animal Wearing Tags? Yes No If yes, describe ochipped? Yes need scan Yes (#) No Special Needs/Remarks Has the owner been notified? No Phoned Results: Paperwork Left **Liability Release** Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following: I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore I will not hold Butte County/NVADG responsible for the health or death of my animal(s). agree to attempt to find alternate housing for my animal(s) as soon as possible. 2) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing. 3) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter. 4) 5) I understand that I will be subject to boarding fees after the close of the shelter. 6) i understand that photograghs of myself and my animal(s) may be taken. ! Allow I Decline any photographs that are taken be released to the media or public view. Owner's Signature Date: BC/NVADG Witness Jeby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsbile for its care and transportation.

White - Impound Facility

Owner's Signature at Release

Yellow - BCAC

Pink - Citizen Copy

Date/ Time:



Ca155A is a spayed female, gray and white domestic Ih, 3 years **CA155A**

BCAC: Preventative: Frontline (Fipronil) 11/17/18 FVRCP+L: 12/09/18

Rabies vaccine given: 12/01/18 (Rabvac 3)

T19-009027 01/19/19

Treatment History

NORMAL

Intake Type STRAY

Due Out Date 01/19/19

Intake Date

11/20/18

Reason

Kennel Status

Hold Notify

UNAVAIL

Location Picked Up/Found:

MICROCHIP# 982126054140090



Animal Notes & Behavior History

ADOPTED 1/19/19

925 American Dr. Paradise, CA 95969 **Town of Paradise Animal Control**

530-872-6275



Animal Intake

Evac Event #:	Animal ID#:
<u></u>	
·	
Incident Name	Pecalized By:

11100

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888 Date: # of animals by the owner at this shelter Owner: Name: Cell #: DL#: Address Alt. Contact Name: Alt. Contact #: 1 Where will the owner be staying during the emergency: Stray animal picked up at: Animal Cenericilar: Dog Cat Other Male Spayed Female Neutered Breed: Approx. Age: Color: Markings: Animal Wearing Coller? Yes Νo If yes, describe Animal Wearing Tags? Yes No If yes, describe Microchipped? Yes need scan Yes (#) No iai Needs/Remarks Has the owner been notified? No Phoned Results: Paperwork Left **Liability Release** Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following: I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore 1) I will not hold Butte-County/NVADG responsible for the health or death of my animal(s). 2) Lagree to attempt to find alternate housing for my animal(s) as soon as possible. I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing. 3) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter. 4) I understand that I will be subject to boarding fees after the close of the shelter. 5) I understand that photographs of myself and my animal(s) may be taken. 6)

I Allow or I Decline any photographs that are taken be released to the media or public view.

Owner's Signature

Date:

BC/NVADG Witness

eby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsbile for its and transportation.

Yellow - BCAC

Owner's Signature at Release

Date/ Time:

Pink - Citizen Copy

White - Impound Facility



Kennel Record

Treatment History

Cc234 is a male, org tabby domestic mh, 4 years # A015533 CC234

Intake Type

STRAY

Due Out Date 03/27/19

Intake Date

11/16/18

Time :(

mage at this

Sorry No

Reason

Kennel Status

Hold Notify

UNAVAIL

MICROCHIP: 98212605254;

Location Picked Up/Found:

UNK

Animal Notes & Behavior History

NOTE: PETURNOO TO OWNER 1/16/19

Printed 03/18/19 1:35 PM by SKAMM Intake By: SK

			13/23
ORC	OUNTY ANIMAL CONTE 202 MIRA LOMA DRIVE OVILLE, CALIFORNIA 95965 0) 538-7409 • (530) 891-2907 FAX (530) 538-6329	ROL	ANIMAL ID NUMBER (C) 234 Impound Facility
· ·	FAX (530) 550-0525		_ Airport
Bite #		Received By	S. Martin
IM	POUND FORM		
Date Impounded 11/16/18 Time	0/9 a.m./p.m. Release Date	adise	fficer
Animal picked up at Bay Tr Reason for Impound Stroy:	address (include closest cross street) Found at burned	lout re	sidence
Dog Cat _X Other Breed Color _beige orange (Cream	App	rox. Age	SN
	No If yes, describe		
	No If yes, describe		
Microchipped? Yes (#)		No	
Condition of Animal healthy	Remarks		
Owner of Animal brought in	by CMP		Telephone
Address		City	Zip
Has owner been notified?	☐ Phoned Date Sent	ate Left	
SURRE	NDER STATEM	ENT	
I, the undersigned, owner or having control of the Control. I agree to hold the Butte County Anima	il Control, and it employees, need	i all hability 1000	9
I also certify that to the best of my knowledge th	e said animal has / has not bitten (circle one)	any person withi	n the past 14 days.
I have read the above and understand the cond	itions.	DAT	Ε

ZIP ______ TELEPHONE NO. _____

PRINTED NAME ______ SIGNATURE _____

ADDRESS _____

Bite #		ANIMAL ID NUMBER CC 234 Impound Facility By 57/6-63
Date ImpoundedTime	e s.m./p.m. Release Date address (include closest cross street)	Officer
Animal wearing collar? Yes Animal wearing tags? Yes Microchipped? Yes (#)	MFApprox. AgeNoIf yes, describeNoNoNoNoNo	1
Owner of Animal Address Address	☐ Phoned ☐ Impound Copy: Date Left	Telephone Zip
Has owner been notified?	DENDED STATEMENT	

SURKENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days. (circle one)

I have read the above and understand the conditions.

DATE _____

PRINTED NAME _______ SIGNATURE _____

ADDRESS _____

____ ZIP _____ TELEPHONE NO. _____

CC234 Chies lage 29

982 126 052 542 487



Butte County Anima





The same of the same of			文件数据。使 J 气气
Vame	Shelter ID	Microchip #	Sex
vame	CC234	982 126 052 542 487	Male
Breed	Second Breed	Color	Second color
DMH		Tan	
Age	Special marking	Date Found	Location Found
Adult		11/16/18	
Photo	Photo	Photo	Photo
		Manus	
Phone 530-552-3888	Fax 530-538-6329	Email address BCAnimalco	ntrol@buttecounty.net
	Lating.	'. 'y'ê . ; ^'	
Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)	12/1/18 (Rabvac 3)	Frontline	11/17/18
FVRCP+L	11/18/18	Revolution	12/9/18
FVRCP+L	12/17/18		1
		1 1	(1 N)
Pertinent Medical Histor	ГУ	TOWN	110



Butte County Animal Passport



- 1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
- 2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
- 3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
- 4. The caretaking institution is responsible for proper husbandry and good animal welfare.

I agree to the above clauses and will uphold agreements made with Butte county.



S113A is a male, brn tabby and white domestic sh, 1 year 8 months S113A

Intake Type STRAY

Photo

Photo

Due Out Date 01/19/19

Intake Date 11/14/18

Reason

Kennel Status UNAVAIL

Hold Notify

MICROCHIP: 982126054120

Location Picked Up/Found:

MICROCHIP # 982126054140039 W/3 KITTENS

Treatment History

T19-009018 01/19/19 NORMAL

BCAnimal control@buttecounty.net: Rabies vaccine given 12/17/18 Rabvac 3

FVRCP: 11/18/18

FVRCP+L 12/17/18

Animal Notes & Behavior History

Aero Union Hirport Found animal ID# 511 Intake Incident Name: Camp Firt Received By: Butte Count Form # of animals by the owner at this shelter: Time: Date Wama 12018 INICIE, NOT MOM Owner: DL# Cell# Name: Alt. Contact Name: Address Alt. Contact #: rergency: Where will the owner be staying during the Stray animal picked up at: Cyrill Vado -021 Animal Description: Female Spayed Neutered Male Other Dog Approx. Age: Breed: Markings: Color: If yes, describe No Yes Animal Wearing Collar? If yes, describe No Animal Wearing Tags? Yes No Yes (#) Microchipped? Yes nee Special Needs/Remarks Paperwork Left Has the owner been notified? Phoned Results: Liability Release g Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following Due to a declared emergency, I am requ exposed to disease and other risks while being housed at the shelter or other facilities and therefore I understand that my animal(s) maconsible for the health or death of my animal(s). I will not hold Butte County/NVADC ing for my animal(s) as soon as possible. I agree to attempt to find alternate 2) lar basis to keep Butte 3) I agree to contact the agency on a nt is temporary and I y pet(s 4) I understand that this boarding ag Funderstand that I will be subject to irding fees after the cl 5) f and my animal(s) ma 6) funderstand that photograghs of n 1 Allow 1 Decline ased to Owner's Signature **BC/NVADG Witness** I hereby acknowledge that I am the own: ponsible person for the y anin care and transportation. Owner's Signature at Release

White - Impound Facility

Pink



S113B is a male, org tabby domestic mh, 5 months S113B

Intake Type STRAY

Due Out Date 01/19/19

Intake Date

11/14/18

Reason

Kennel Status UNAVAIL

Hold Notify



MICROCHIP: 98212605413

Location Picked Up/Found:

MICROCHIP # 982126054135448 W/48, 50, 51

Treatment History

T19-009019 01/19/19

BCAnimalcontrol@buttecounty.net: Rabies Vaccine given 12/17/18 Rabvac 3

T19-009020 01/19/19

NORMAL

BCAC: FVRCP 11/18/18

NORMAL

FVRCP+L 12/18/18

T19-009021 01/19/19

Animal Notes & Behavior History

530-872-6275

Hero Uni	in Hisport Lou	ind ilminac 1 w
Animal	SEvac Event #:	Animal ID#: S113B
Intake	ncident Name:	Received By:
Butte County White restrates Form	aup tive	
Date: 14 2018 Time: 10	# of animals by the owner at this she	mma + 3 k. Hers
Owner:		17
Name:	Cell #:	DL#:
Address:		Alt. Contact Name:
	4 7	Ait. Contact #:
Where will the owner be staying during the	ency:	1 /2
Stray animal picked up at:	red off by Cyrill 1	Jado 530 764-0217
Animal Description:	/ VI /	
Dog Cat Other	Male	Female Spayed Neutered
Breed: DSH	Approx. Age:	Kitten
Color: CVC31848	Markings:	
Animal Wearing Collar? Yes	No If yes, describe	- A-W
Animal Wearing Tags? Yes	No If yes, describe	
Microchipped? Yes need :	Yes (#)	No 🗆
Special Needs/Remarks		V -
	N.	
Has the owner been notified? No	Phoned Results:	Paperwork Left
	Liability Release	
Due to a declared emergency, I am reques	The state of the s	y animal(s) (listed above) and agree to all of the following
1) I understand that my animal(s) may i	nsed to disease and other risks while being hou	sed at the shelter or other facilities and therefore
I will not hold Butte County/NVADG n	nsible for the health or death of my animal(s).	
I agree to attempt to find alternate ho	I for my animal(s) as soon as possible.	
I agree to contact the agency on a re-	basis to keep Butte County/NVADG updated on	for or claim my pet(s) at the close of the shelter.
 4) I understand that this boarding agree 5) I understand that I will be subject to t 	ing fees after the close of the shelter.	Tor or claim my perior at the close of the shellor.
5) I understand that I will be subject to t6) I understand that photographs of mys	nd my animal(s) may be taken.	
I Allow or		taken be released to the media or public view.
Owner's Signature		Date:
BC/NVADG Witness		
I hereby acknowledge that I am the owner	onsible person for the above animal. I have taken	custody of my animal and am now responsible for its
care and transportation.		Subject of the annual and an new responserie for its
Owner's Signature at Release		Date/ Time:



S113C is a male, gray and white domestic sh, 5 months S113C

Intake Type STRAY

Due Out Date 01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 982126054140

Location Picked Up/Found:

MICROCHIP # 982126054140048 W/48,49,51

Treatment History

T19-009022 01/19/19

NORMAL

BCAC: Treated for fleas: Fipronil (Frontline) on 11/17/18
Rabies Vaccine given: 12/17/18 (Rabvac 3)
FVRCP given: 11/18/18
FVRCP Booster: 12/18/18

Animal Notes & Behavior History

Intake By: SK

11/15 Hero Un	Thico Found	anina ()
Animal	Evac Event #:)	Animal ID#: S113C
Butte County Intake	Incident Name: Camp Fire	Received By:
Date: 14 2018 Time:	# of animals by the owner at thi	s shelter: 1/Namor + 3 Kyttens
Owner:		
Name:	Cell #:	DL#:
Address:		Alt. Contact Name:
		Alt. Contact #:
Where will the owner be staying during th	tergency:	
Stray animal picked up at:	Use Dropped off 6	ay Cyrill Vado
Animal Description:		530-764 0217
Dog Cat Other	Male	Female Spayed Neutered
Breed: DSH	Approx. Ag	
color: Grey	Markings:	
Animal Wearing Collar? Yes	No If yes, describe	
Animal Wearing Tags? Yes	No If yes, describe	
Microchipped? Yes nee	an Yes (#)	No 🗆
Special Needs/Remarks	en ells	J. N. T.
		1 /2 2/1
Has the owner been notified? No [Phoned Results:	Paperwork Left
	Liability Release	
Due to a declared emergency, I am requ	•	d my animal(s) (listed above) and agree to all of the following
1) I understand that my animal(s) ma	exposed to disease and other risks while being!	housed at the shelter or other facilities and therefore
i will not hold Butte County/NVADC	consible for the health or death of my animal(s).	
2) I agree to attempt to find alternate	ing for my animal(s) as soon as possible.	
I agree to contact the agency on a		on my whereabouts & possible alternate housing.
I understand that this boarding agr		ents for or claim my pet(s) at the close of the shelter.
5) I understand that I will be subject to	rding fees after the close of the shelter.	
6) I understand that photographs of n	f and my animal(s) may be taken. I Decline any photographs that	are taken be released to the media or public view.
Owner's Signature		Date:
BC/NVADG Witness		
I hereby acknowledge that I am the own-care and transportation.	sponsible person for the above animal. I have tak	ken custody of my animal and am now responsbile for its
Owner's Signature at Release		Date/ Time:



Kennel Record # A015451 **S113D**

S113D is a male, black and white domestic sh, 5 months

Intake Type STRAY

Photo

Photo

Due Out Date

01/19/19

Intake Date 11/14/18

Reason

Kennel Status

Hold Notify

UNAVAIL

ert II. Identification of Butte County

MICROCHIP: 98212605254;

Location Picked Up/Found:

MICROCHIP # 982126052542198 W/48-50

T19-009023 01/19/19 Treatment History

NORMAL

BCAC: Frontline applied 11/17/18

Rabies Vaccine given: 12/17/18 (Rabvac 3)

FVRCP 11/18/18, FVRCP Booster +L: 12/18/18

Animal Notes & Behavior History

2/9/21		W Found am	MAC -
Anima	Evac Event #:	Animal ID#:	5/13/
Butte County Intake	Incident Name:	Received By:	
Date: 14 2015 Time.	# of anim	nals by the owner at this shelter. And Weiner Letter	3 Kilters
Owner:			
Name:	Cell#:	DL#:	
Address:		Alt. Contact Nam	e:
		Alt. Contact #:	
Where will the owner be staying during	emergency:		
Stray animal picked up at:	adise.	DIA & SIC by Cyril	1 Vade
Animal Description:		530-764-031	7
Dog Cat Othe		Male Female	Spayed Neutered
Breed: BM DS		Approx Age: Litten	
color: Black	Marking	gs: which built on ch	cst
Animal Wearing Collar? Yes	, (22)	describe	
Animal Wearing Tags? Yes		describe	GF 1
Microchipped? Yes	scan Yes (#)		No 🔲
Special Needs/Remarks	in euro		
Openia recourse	77.00	4/4	1
Has the owner been notified? No	Phoned Results	S:	Paperwork Left
	Liability	Release	have and garage to all of the follow
Due to a declared emergency, I am re		ntrol/NVADG to board my animal(s) (listed a ner risks while being housed at the shelter	
I understand that my animal(s) I will not hold Butte County/NVA	responsible for the health or de		
I agree to attempt to find alterna	ousing for my animal(s) as soo		
3) I agree to contact the agency or		inty/NVADG updated on my whereabout	
4) understand that this boarding		e to make arrangements for or claim my.	1 1 1 1
5) I understand that I will be subje	boarding fees after the close of self and my animal(s) may be		. Him al
6) understand that photograghs (-	any photographs that are taken be releas	
		Date:	
Owner's Signature		Date.	الله
BC/NVADG Witness			
I hereby acknowledge that I am the c care and transportation.	responsible person for the ab	ove animal. I have taken custody of my	
Owner's Signature at Release		Date/ Time:	



Treatment History

Cc242 is a male, choc pt ragdoll, 2 years CC242

Intake Type STRAY

Due Out Date 01/18/19

Intake Date 12/20/18

Reason

Kennel Status

Hold Notify

UNAVAIL

mage at this Sorry No Time:(

Animal Notes & Behavior History

Location Picked Up/Found:

8613 STIRAS WAY

NOTE: RETURNED TO OWNER 1/18/19

530-872-6275

				Room 12	<u>-</u>
				#13)
ACTIVITY NUMBER	ORO	OUNTY ANIMA 202 MIRA LOMA DRI OVILLE, CALIFORNIA 0) 538-7409 • (530) 89 FAX (530) 538-632	VE . 95965 1-2907	<u>C</u>	MAL ID NUMBER C-242 Ipound Facility
Bite #			Re	ceived By Du	usty
	IM	POUND FO		Ų.,	7
Date Impounded _\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8613	2 26 a.m./f.h. Relea	se Date	Office	
Reason for Impound		X	257		
Dog Cat Breed _ Ragdo ! Color _ Tan, gr	cy black	Markings	Approx.	Age unkno	
Animal wearing colla	r? Yes	No If yes,	describe		
Animal wearing tags		No / If yes,	describe		
Microchipped?	Yes (#)		No		
Condition of Animal	well	Rema	rks		
Owner of Animal _\u00e4\u00e4	JKNOWN				Telephone
Has owner been not		- Impound	City I Copy: Date L Date Sent		
Tida Owner Book Tida		ENDER ST			
I, the undersigned, owner Control. I agree to hold the			الم الم معمومات المسا	aime to it to the F	utte County Animal rom such transfer.
I also certify that to the be	st of my knowledge t	the said animal has / h	as not bitten any p	erson within the	past 14 days.
I have read the above and	d understand the con	ditions.		DATE	
- PRINTED NAME		SIGN	IATURE		
ADDDESS					
CITY		ZIP	TELEPH	ONE NO	

White - Impound Facility / Yellow - BCAC / Pink - Citizen Copy

				# 13
ACTIVITY NUMBER	ORO (530	OUNTY ANIMAL CO 202 MIRA LOMA DRIVE : OVILLE, CALIFORNIA 95965) 538-7409 • (530) 891-2907 FAX (530) 538-6329	5	ANIMAL ID NUMBER CC - 247 Impound Facility Arrport
Bite #			Received	By Dusty
	IM	POUND FORM		
		The Release Da State of State		
Dog Cat		M	F	_ 5 N
Breed As As	11 Same	\$C	Approx. Age _	UNKNOWII
Color Tan a	con Wack	Markings		
Animal wearing colls	r? Yes	No If yes, desc	ribe	
Animal wearing tags	? Yes	No If yes, desc	ribe	
Microchipped?	Yes (#)		No	-
Condition of Animal	well	Remarks _		
Owner of Animal	HKNOWN			Telephone
Addr	P88		City	Zip
2,000		☐ Phoned		
X	ified?	Impound Cop Letter: Date S	y:	
has owner been not				
3	- -	NDER STATE		
Control Lagree to hold th	ne Butte County Anima	e above described animal, re al Control, and it employees,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
i also certify that to the be	st of my knowledge th	ne said animal has / has not (circle one)		
I have read the above and	d understand the cond	litions.		ATE
PRINTED NAME	- Cop in	SIGNATUR	E	

ZIP _____ TELEPHONE NO. ____

ADDRESS _

henzie Meneree (CCZUZ) Female (530) \$1762-9027 & (530)763-9119 Foster OR Adopt 2333 Pillsbury RD, Chico, This Cat was there everyday. We Call her 'Cece" (Cabincat)



Kennel Record # A015471

Treatment History

Cc204 is a spayed female, gray tabby domestic sh, 4 years CC204

Intake Type STRAY

Due Out Date 01/23/19

Intake Date

11/18/18

Reason

Hold Notify

Kennel Status UNAVAIL

Location Picked Up/Found:

mage at this Sorry No Time :(

Animal Notes & Behavior History

NUTE: RETURNED TO OWNER 1/23/19

Intake By: SK

Printed 03/18/19 12:07 PM by SKAMM

530-872-6275

			0.0	200 204
202 N OROVILL (530) 538	MIRA LO .E, CALIF 3-7409 • (NIMAL CONTRO MA DRIVE FORNIA 95965 (530) 891-2907 538-6329	eceived By	ANIMAL ID NUMBER Impound Facility
IMPC	UNI	D FORM		
Date Impounded 11/14/18 Time				fficer
Animal picked up at Sky ully ?	1205 ddress (inclu	de closies dross street)	Parad	126
Reason for ImpoundCamp_Fire			3/	
		D Plan	-	
Dog Cat Other	-	M	/ _	S N
Breed	1	Approx.	Age _2	years
Color Gray M	arking	s // /		4
_	′. A	f yes, describe	4/ 1/4	
Animal wearing tags? Yes No _	X_ I	f yes, describe	- /	
Microchipped? Yes (#)		No		
Condition of Animal Stray		Remarks		<u> </u>
Owner of Animal				Telephone
Address		City		Zip
	Pho	oned oound Copy: Date		
Has owner been notified?		ter: Date Sent		
SURRENI	DER	STATEMEN	Τ	
I, the undersigned, owner or having control of the above Control. I agree to hold the Butte County Animal Con	troi, and	it employees, free of all	nability resur	ung nom soch transier.
i also certify that to the best of my knowledge the said	l animal	has / has not bitten any (circle one)	oerson withir	n the past 14 days.
I have read the above and understand the conditions.				
PRINTED NAME		SIGNATURE		
ADDRESS				
CITY	ZIP	TELEPH	ONE NO	





Animal ID: A0928779 Kennel No: CAT03-E Intake Date: 11/14/18 Status: STRAY



Age:

2Y OM

Sex:

UNALTERED FEMALE

Weight: 8.80 LBS Color:

BROWN

Collar: NONE

Markings:

Assessment Date: 11/20/18

Intake Type: STRAY

Intake Subtype: OTC

Microchip Scan: YES NEGATIVE on 11/14/18 @ 1:32 pm

Location Foun O SKYWAY X WAGSSTAFF RD PARADISE

11/14/2018 1:40:29PM

SHOW INSTANCE SHOW I SH

DDA, PDA & PDA EXP, AGGRESSIVE, UNPREDCTBL, HYPERACTIV, ACTIVE, TIMID, FRIENDLY, QULL C:\Program Files\Chameleon Software\Chameleon\Crystal\F3 Reports\Kennel Card_RS.rpt





Kennel Record

A015532 **CA166A**

12/08/2018 Care Animal Hosp-Redding ID#3339, File #: 2891 Treated for burns on front feet

T19-009072 02/27/19

Treatment History

Ca166A is a neutered male, brn tabby and white domestic sh, 4 years

Intake Type STRAY

Due Out Date 12/14/18

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify

Location Picked Up/Found:

NEAR RITE AID -MAGALIA

mage at this Sorry No Time:(

MICROCHIP: 982126054140

Animal Notes & Behavior History

NOTE: WAS RETURNED TO OWNER 12/29/18

Printed 03/18/19 12:04 PM by SKAMM Intake By: SK

530-872-6275

Butte County
PUBLIC HEALTH

Animal

	#474
Evac Event #:	Animal ID#: CA 146A
ncident Name:	Received By:

						CH 144		
A Character State	take	Incident Nan	ne:		Received	Bv:		
Butte County	orm				110001100			
P POSLIC HEALTH		.538.7019 - I	NVADG Hotlin	e 530.895.0	0000 - BCAC O	ffice 530552.3	888	
Date: 11-14-18	Time: 182	0	# of animals b	y the owner at t	his shelter:			
	1				-			
Owner: Name:	<u>*</u>	Cell #:	<u> </u>		DL#:			
Addragaye						-4 NI		
Address: Sund by	Calfire	2 RITE	LAid ar lagalia	lo-	Alt. Conta	ct Name:		
J		m	lanalia		Alt. Conta	ct #:		
Where will the owner be stayin	g during the emer	gency:	Jeenge					
Stray animal picked up at:								
				<u> </u>				
Animal Description:								
Dog Cat V	Other			Male	Female	Spayed	Neutered	J À
Breed: DSI+				Approx. A	de:	MILA		-
Color: Tabbu	<u>-</u>		Markings;	- Indiana		**************************************	N/A	
Animal Wearing Collar?	Yes	No 🗆	If yes, descri	he	1		A 4	
		No 🗍						
Animal Wearing Tags?	Yes		If yes, descri	De	1 2 3			
Microchipped?	Yes need scan		Yes (#)	-		7 1	No L	1/1
cial Needs/Remarks							100	
					-		AV	
Has the owner been notified?	No 🗌	Phoned	Results:	7		Paperwork	Left	. "
·			=					
			iability Rel			**		
Due to a declared emergency,								owing
1) I understand that my anim					loused at the shell	ter or other faciliti	es and therefore	
I will not hold Butte Count				•				
2) I agree to attempt to find	-							
I agree to contact the age		_	•	,	•	·	_	
I understand that this boa			•	-	nts for or claim my	pet(s) at the clos	se of the shelter.	
5) understand that I will be	-	_		etter.				
6) understand that photogra								
I Allov	v or	I Declir	ne any pho _	tographs that	are taken be rele	ased to the medi	a or public view.	
Owner's Signature			·		Date:			
DOWNADO WELL				7		·	_	-
BC/NVADG Witness I bereby acknowledge that I am	the owner/reenen	sible nerson fo	r the above onim	al I have to	on custady of my	animal and am n	ow roenonehila for i	te
and transportation.	ше ониеглевроп	ame hersort to	in in above still!	iai. i iidve idk	en cualouy of filly	amma anu am n	zir reaporiobile iOF II	د.
Owner's Signature at Release	·			7	Date/ Time:			
White - Impour	d Facility		Yellow - BCA	_	·	Pink - Citizen C	ору	

Trans to Cat hilliains





Kennel Record # A015456

E139A is a female, brn tabby domestic sh, 3 years

Intake Type

RETURN

<u>Due Out Date</u> 01/22/19

Intake Date

01/22/19

Reason

Kennel Status
UNAVAIL

Hold Notify

ort

MICROCHIP: 98212605413

Location Picked Up/Found:

ADOPTER CHANGED MIND.

Treatment History

T19-009028 01/19/19

/19/19 NORMAL

BCAC: Preventative: Advantage II

Rabies Vaccination given: 12/01/18 (Rabvac 3) FVRCP+L: 12/01/18 FVRCP+L: 12/16/18 Burn Treatments R front, L hind

Animal Notes & Behavior History

Note: Adaption Fiers. 2, 2019

Intake By: JR



Animal Intake

Incident Name:	
Iniciacit Hairie,	Ī
$(\alpha \wedge \alpha \wedge \alpha)$	

Evac Event #:

	Strax	
•	Animal ID# = 139A	

Butte County Form	Incident Name:	Received By:	Laven
	30.538.7019 - NVADG Hotline 53		530552.3888
Date: Time:	7 2 \rightarrow # of animals by the o	wner at this shelter:	
Owner:			
Name:	Cell #:	DL#:	
Address: 1683 G	ate Lare	Alt. Contact Nar	ne:
Pa	avadir	Alt. Contact #:	\
Where will the owner be staying during the em	ergency:	A ILI	
Stray animal picked up at:			
Animal Description:		// 1	
^ '			Spayed Neutered Neutered
Breed: Dom.		oprox. Age:) (6)
Color: Krown Tab.	Markings:		1111
Animal Wearing Collar? Yes	No If yes, describe	11510	
Animal Wearing Tags? Yes	No If yes, describe	al a	
rochipped? Yes need sca	n	X0,,,	No D
Special Needs/Remarks		h	
			/ .
Has the owner been notified? No	Phoned Results:		Paperwork Left
<u>Due to a declared emergency, I am requesting I</u>	Liability Release Butte County Animal Control/NVADG to	e board my animal(s) (lieted abo	vol and agree to all afth a fall .
I understand that my animal(s) may be ex			
I will not hold Butte County/NVADG respon			and morelle
2) I agree to attempt to find alternate housing	j for my animal(s) as soon as possible.		
I agree to contact the agency on a regular	basis to keep Butte County/NVADG up	odated on my whereabouts & po	ssible alternate housing.
4) Understand that this boarding agreement			
5) understand that I will be subject to boardi			
6) I understand that photograghs of myself ar	nd my animal(s) may be taken.		
[Allow or	Decline any photograp	hs that are taken be released to	the media or public view.
Owner's Signature		Date:	IXIIV
		Date. [[[0][8
BC/NVADG Witness Fal	_		
reby acknowledge that I am the owner/responare and transportation.	nsible person for the above animal. I ha	ave taken custody of my animal	and am now responsbile for its
Owner's Signature at Release			
White - Impound Facility		Date/ Time:	
WITH - IMPOUND FOURT	Valla DA4A		

Yellow - BCAC

Pink - Citizen Copy



NVADG Small Animal Care Schedule

No cho.		(P - 1	Constant		o Intoko juhan animi			
(Form to re	main with animal!	(Return	Care Schedule	First Name:	o Intake when anim	at is released.)		
20190		the state of the s			7-5-17-17-18-7			
Name	Specie	s B	reed	Color/markings	Gender	ID (collar/tag/etc.) DESCRIBE		
\$	Fel	Some Down Brown Bremale □ Spay/Neuter □ Intact Intact Intact Include time & method normally administered and any other						
details.				miciade time & met				
List behavioral cha	aracteristics of wh	ich we should b	be advised.					
SPECIAL INSTRUCT	rions:			Under Ve	et Care 🛘 Picture	e YES		
TOTAL CONTRACT	GURLAN LUNGS OF THE	atown co. A						
Date	Walked	Fed	Cage Clean	ied	Comments	<u> </u>		
1V18 1900		\vee						
11/19/18 1058				New in	take. Burns t	to feet noted -		
					Dr team. Non	•		
					101. Appears			
				Eating				
					red pul ako	RRLR		
					laton dean G	, * 1		
				1 1	ophine. SQ	Fluids PRN		
1119118					n to pad; b			
				1	ointment /bon	1		
					reficuel burn	, }		
				foot c	leaned we dil	uted clovery CHX		
				() S ()				
				Comerie	~ 22 mg &	@ eneg7d.		
				E-EON	or			



Kennel Record # A015578

Treatment History

Cc231 is a male, gray and white domestic sh, 3 years CC231

Intake Type STRAY

Due Out Date 01/18/19

Intake Date

12/20/18

Reason

Kennel Status

UNAVAIL

Hold Notify

Location Picked Up/Found:

6835 PENTZ ROAD

mage at this Sorry No Time:(

Animal Notes & Behavior History

Note: RTO 12/29/18

Printed 03/18/19 10:19 AM by jrobbins Intake By: JR

プACTIVITY NUMBER	202 MIR	Y ANIMAL CONTROL A LOMA DRIVE	ANIMAL ID NUMBER
	(530) 538-74	CALIFORNIA 95965 09 • (530) 891-2907 i30) 538-6329	Impound Facility
Bite #		Rece	eived By Flynifer Aceves
	IMPOU	ND FORM	TVGG BY TVGG T
Date Impounded	6/18 Time 1930	Release Date	Officer
Animal picked up at	Mar 6835 Ken	Z Rd. (found by f	GIE Worker
Reason for Impound _	five	ADV	Enc Rogers)
Dog Cat	Other	M F_	sn
Breed Dott	1/2	Approx. Ag	e
color gray wh	We Mark	ings white chost, h	josty black nose
Animal wearing collar	· · · · · · · · · · · · · · · · · · ·	_ If yes, describe	
Animal wearing tags?	Yes No	If yes, describe	
Microchipped?	Yes (#)	No	
Condition of Animal	good	Remarks	
Owner of Animal	70 - Gus ite	LESA GARDNER	(209) 239-0221 Telephone
6845 Pert2	RO	ANABISA	71
12)21 1%		Phoned	Zip
Has owner been notifie	ed? []	Impound Copy: Date Left Letter: Date Sent	
	SURRENDE	R STATEMENT	
		scribed animal, release all claims and it employees, free of all liabilit	
I also certify that to the best of	of my knowledge the said anin	nal has / has not bitten any perso (circle one)	n within the past 14 days.
I have read the above and un	derstand the conditions.		DATE
PRINTED NAME		SIGNATURE	
ADDRESS			
CITY	ZIP _	TELEPHONE	NO



Kennel Record # A015453 CA127B

CA127B

Ca127B is a female, brn tabby and org tabby domestic sh, 3 years

BCAC: Preventative: Fipronil (Frontline) given 11/17/18
FVRCP: 11/18/18 FVRCP+L 12/09/18
Rabies Vaccine (Rabvac 3) given: 12/01/18

T19-009025 01/19/19

Treatment History

NORMAL

Intake Type STRAY

Due Out Date

01/19/19

Intake Date

11/14/18

Reason

Kennel Status

Hold Notify

UNAVAIL

Location Picked Up/Found:

MICROCHIP# 982126054138395



MICROCHIP: 98212605413

Animal Notes & Behavior History

NOTE: TRANSFERGED FROM DEL ORO/BUTTE COUNTY
ON DECEMBER 20th, 2018

TRASFERRED TO PLACER COUNTY ANIMAL SERVICES 1/29/2019

Town of Paradise Animal Control 925 American Dr. Paradise, CA 95969 530-872-6275

Intake By: SK

Printed 03/18/19 9:44 AM by SKAMM



	К	3	7	=		
_						
F٥	n	П	m			

	2/10 453
Evac Event #:	Animal ID#: CA1276
Incident Name:	Received By:

Butte County	Form	Incident Nan	ne:		Received By:	
Disa	ster Shelter 5	30.538.7019 - 1			0000 - BCAC Office 530552.3888	
Date: 11.14.18	Time:		# of animals by	the owner at t	nis shelter:	
Owner:				MW	1 200 1	
Name:		Cell #:	1 1	M	DL#	
Address:		1	1.11		Alt. Contact Name:	
		A	1 1	-	Alt. Contact #:	
Where will the owner be stayi	ng during the em	ergency:	1	6.7		
Stray animal picked up at:	マック ナヤ	7 - 70 1	D.	TAK IS	Cip. 11	
Stray animal picked up at:5	> LL th	ENOU!	ANE PA	RADIS	SR. HOME PARK	
Animal Description:	<u> </u>		/\ \			174
Dog Cat /	Other	10+6		Male	Female Spayed Ne	eutered
Breed: BROWN TA	BBY			Approx. A	ge:	
Color:		1	Markings:		V /	
Animal Wearing Collar?	Yes	No 🗌	If yes, describ	e		
Animal Wearing Tags?	Yes	No 🗆	If yes, describ			
Microchipped?	Yes need sca		Yes (#)			
cial Needs/Remarks	1 00 11000 000		res (#)	-	No	
Dotal Needs//tellialks				<u> </u>		
	T	Т				
las the owner been notified?	No 🔼	Phoned	Results:		Paperwork Left	
		Li	iability Rele	ase		
ue to a declared emergency,	l am requesting t	Butte County Anir	mal Control/NVAL	OG to board i	ny animal(s) (listed above) and agree to all	of the following
understand that my anin	nal(s) may be exp	oosed to disease	and other risks w	hile being h	used at the shelter or other facilities and th	erefore
I will not hold Butte Count						
I agree to attempt to find a lagree to contact the age						
I understand that this boa	rding agreement	basis to keep Bu	tte County/NVAD	G updated o	n my whereabouts & possible alternate hou	sing.
understand that I will be	subject to boardi	is temporary and	l agree to make	arrangement	s for or claim my pet(s) at the close of the s	shelter.
I understand that photogra				er.		
I Allov		I Decline		graphs that a	re taken be released to the media or public	
				j	taken be released to the media or public	; view.
wner's Signature					Date:	
/NVADG Witness						
	the owner/resse-	eiblo norre fr	ha aba i	9.		
and transportation.		sible person for t	ne above animal.	I have taker	custody of my animal and am now respons	sbile for its
vner's Signature at Release					Date/ Time:	
					- acor 11116.	- 1

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



Intake

Evac Event #:		Animal ID#:	7/1	
Incident Name:		Received By:		

Form Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888 # of animals by the owner at this shelter: Owner: Name: Cell #: DL#: Address: Alt. Contact Name: Alt. Contact #: Where will the owner be staying during the emergency: Stray animal picked up at: Animal Description: Dog Cat Other Male Female Spayed Neutered Breed: Approx. Age: Color: Markings: Animal Wearing Collar? No if yes, describe Animal Wearing Tags? Yes No If yes, describe Microchipped? Yes need scan Yes (#) Nο cial Needs/Remarks Has the owner been notified? Nο Phoned Results: Paperwork Left **Liability Release** Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following: I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore 1) I will not hold Butte County/NVADG responsible for the health or death of my animal(s). agree to attempt to find alternate housing for my animal(s) as soon as possible. 2) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing. 3) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter. 4) I understand that I will be subject to boarding fees after the close of the shelter. 5) I understand that photograghs of myself and my animal(s) may be taken. 6) 1 Allow I Decline any photographs that are taken be released to the media or public view. Date:

Owner's Signature BC/NVADG Witness

I have taken custody of my animal and am now responsible person for the above animal. I have taken custody of my animal and am now responsbile for its

White - Impound Facility

Owner's Signature at Release

Yellow - BCAC

Pink - Citizen Copy

Date/ Time:



Animal

JIIUV			_
Evac Event #:	Animal ID #:	E1924	
Incident Name: (AIMI) FIP	Received By:	Kim	

	_	L					
Marine Marine Marine	ake	Incident Name:	Camp F	SP	Received By:	KIN	N
	rm				DCAC Office		
	r Shelter 530.	538.7019 - NV	ADG Hotline	e owner at this shel	ter	J30332.30	30
Date:	Time: 7-5	5	# or animals by th	e Owner at this site.			
Owner:					_ (/-	7	
Name:		Cell #:		Ae.	DL#:		
Address:				1 H	Alt. Contact Na	me:	
			- 47	No.	Alt. Contact #:		
Where will the owner be staying	during the emerç	jency:		. 19.	w Mind	67	
Stray animal picked up at:			11 //2	Dana		LAIT	
Otta) difficial plotted up an	781 V	unnely	#18	Paradis	<u>e</u>		
Animal Description:				N. M.			
Dog Cat	Other \(\int \)	6 Chip		Male	Female	Spayed	Neutered
Breed: Tabby				Approx. Age:	AA		
color: Orang-	0		Markings:		11/2		
Animal Wearing Collar?	Yes 🗌	No X	If yes, describe		1		
Animal Wearing Tags?	Yes	No 🗌	If yes, describe				
	Yes need scan		Yes (#)				No 🗌
srochipped?	Scare		Daws	.58			*****
Special Needs/Remarks	Jegie	V	paras			-	
						Paperwork	Lot D
Has the owner been notified?	No	Phoned	Results:			Paperwork	Ceit
		Li	ability Rele	ase	**		
Due to a declared emergency, I	am requesting B	utte County Anin	nal Control/NVAI	OG to board my a	animal(s) (listed a	bove) and ag	ree to all of the following
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	ncy on a regular i	ie temporary and	Lagree to make	arrangements fo	or or claim my pe	t(s) at the clo	se of the shelter.
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5) I understand that I will be6) I understand that photogram							
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		<u> </u>		٦	Deta:	lali	D
Owner's Signature	1 - 5				Date:	11-11	
RC/NVADG Witness	1. 41	1		7			
ereby acknowledge that I am	the owner/reens	nsible nerson for	the above anim	⊸l al. I have taken d	sustody of my ani	mal and am r	now responsbile for its
care and transportation.	are ownerneshor	TODIC POTOGIS TO		_			
Owner's Signature at Release					Date/ Time:		

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



Kennel Record # A015498

Steven Tyler is a neutered male, brn tabby and white domestic mh, 9 years STEVEN TYLER

Intake Type

STRAY

Due Out Date 12/23/18

Intake Date

11/23/18

Reason

Kennel Status

Hold Notify

AVAILABLE

IN THANSFERRED TO RACER CO.AS.

Location Picked Up/Found:

SAWMILL RD/BIG PINE CHIP#900079000632795

Treatment History

NVADG-BCAC Rabies Vaccine & FVRCP given 12/20/2018 T19-009056 01/29/19

Animal Notes & Behavior History







Part I - Identification	of Animal		
Name/Location Paradise	Shelter ID Steven Tyler	Microchip # 900-079-000-632-795	Sex Male / altered
Breed CAT	Second Breed DMH	Color Brown Tabby	Second Color White feet and chest
Age Senior 9yrs	Special Markings	Date Found 11.23.2018	Location Found Sawmill and Big Pine
		Additional Notes: Treated for burns Dr. I	Darling
A STATE OF THE PARTY OF THE PAR	the state of the s		









Part II - Identification of Butte County Point of Contact

Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)	12.20.2018	·	
FVRCP	12.20.2018		
		·	

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia

Pertinent History:







Agreement of sheltering group

- 1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
- 2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
- 3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
- 4. The caretaking institution is responsible for proper husbandry and good animal welfare.

I agree to the above clauses and will uphold agreements made with Butte county.

VACCINATION CERTIFICATE

Account #: 3600

Owner: Camp Fire Cats

Address: Durham, CA 95928

Phone: 530

Animal: Steven Tyler

Species: Feline

Breed: Domestic Medium Hair

Color: Tabby Gender: Male

Birthdate: 12/20/2009

Age: 9 years 3 days

Weight: 8.30

Chip #:



Date	Vaccine	Manufacturer	Serial #	Туре	Tag #	Due on
E.C.	Rabies - i Year					12/19/2019
	FVRCP -1 Year					12/19/2019



Darling Veterinary Clinic 2520 Dominic Drive, Suite 145 Chico, CA 95928 (530) 892-8910 darlingvetclinic@yahoo.com

Gary Darling, DVM

12/21/2018

Revolution 146

	<u></u>	[-1
AO. VITY NÚMBER	BUTTE COUNTY ANIMAL CONT 202 MIRA LOMA DRIVE	ROL ANIMAL ID NUMBER
	OROVILLE, CALIFORNIA 95965	CC261
	(530) 538-7409 • (530) 891-2907 FAX (530) 538-6329	Impound Facility
Bite#		1 0
		Received By Ellinger
	IMPOUND FORM	teeves
Date Impounded 1	23 18 Time 1000 Release Date	Officer
Animal picked up a	Corner of Sawmill Rd ?	Big Ping lang
Reason for Impoun	a Campfire	~
Picked up b	Campfire Brandon Mackie (734)	190-8393
Dog Cat _X	Other M	F_ S N
Breed DL	Appr	
Color Grey 1	Wick Markings	ox. Age
Animal wearing coll		
Animal wearing tags	700, 40001106	
Microchipped?	you, accorde	
Condition of Animal	Yes (#)	F01
Condition of Animal	Remarks	
	,	
Owner of Animal		
Addre		Telephone
and the second	City Phoned	Zip
las owner been noti	☐ Impound Copy: Date	Left
The owner been nou	led? Letter: Date Sent	
	SURRENDER STATEMEN	
the undersigned, owner of control. I agree to hold the	having control of the above described animal, release all Butte County Animal Control, and it employees, free of al	claims to it to the Butte County Animal
also certify that to the best	of my knowledge the said animal has / has not bitten any	person within the past 14 days.
have read the above and u		DATE
RINTED NAME	SIGNATURE	
DDRESS		
TY	ZIP TELEPH	ONE NO.
	White - Impound Essible / Velley, 2040 / 1	



NVADG Animal Care Schedule

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Form	to remain	with animal	lf)	(Return C	are Sched	lulo with	eliphoard t	o Intake when anim	
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		#71 <u>*</u>	γ . 1						ID (collar/ta
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						201	/	X Male	
Stran	3	Fel		Du		000	dack	☐ Female ☐ Spay/Neuter ☐ Intact	NCF
List medical p	oroblems,	necessary m	edicatio	ons, or die	etary need	is? Includ	e time & met	hod normally administ	ered and any othe
List behaviora	al characte	eristics of wh	nich we	should be	e advised.				, 1625
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VCA Valley Oak Veterinary Center

2480 Dr. Martin Luther King Jr. Pkwy Chico, CA 95928

(530) 342 - 7387

	Carrie Barrella Carrier		(/	042 - /36/			10
Namo	Clie	Alt.					
Name: Paradise Control Chart #: 91750 Address: 925 Ameri Paradise,	can Way A 95969	Home: Work: Mobile: Email 1: Email 2: Client Initials:	(530) 8 janirisio ail.com	6.	1 de la companya della companya della companya de la companya della companya dell	Name: Species: Breed: Color: Sex: Birth:	2018-11-23 DLH Sawmill Rd (# 39705) Feline Domestic Long Hair Gray And Black Male Neutered
	m	1 -	·	cre	8	Age: Weight:	
Traum	/ Injured / a;	VCA Vall		@ Appt: 17:32	11/23/2018 at	Tail	ed in at: 17:32
Answers the following	19 questions			Current Diet			
Appetite is Energy level is Signature is Skin/Coat condition is Ears are Nails are	Good	Fair	Poor	Quantity per D	Day Car ation	nned	Dry
Procedure	Due Date	ihill-Re ^r s re	ajids sa	ow that the i	Lowing vaccing	es are due	
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Fel Leukemia		Review		Respiratory Vin			Review
Fel Heartworm RX		Review Review	Fe	cal Exam			Review
Fel Dental Cleaning		Review		l Flea Prevention			Review Review
Alert: Appointment Notes: burned paws-	NVAD found at the corn	G - CO:	d NO	Chip In kri	de hydro	tod -8	
				O	delights .05 .t Dex 1 1.1 Ket .15 ml Bup	to de	o t

Thank you for trusting us with your pet's care. Your friends at VCA Valley Oak Veterinary Center. 1 of 1

Printed at: 11/23/2018 at 17:33

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Client: Paradise Animal Control (91750) Patient: 2018-11-23 DLH Sawmill Rd (39705)

Provider: Tori Letner, DVM Record Date: 26-Nov-2018



SEDATION REPORT

Client

Paradise Animal Control

872-6275 jen

Other: (530) 872-6275

Patient

Feline

Domestic Long Hair

2018-11-23 DLH Sawmill Rd

Gray And Black

Male / Neutered - 7.4 lb

(26-Nov-2018)

26-Nov-2018 Sedation - Draft

Sedation procedure

Tori Letner, DVM Sedated with Butorphanol 0.06 mls IV, Dexdomitor 0.10 mls IV, Ketamine 0.03 mls IV:

Bandages removed from pelvic limbs - cleaned wounds gently with sterile saline. Dried feet and

applied

925 American Way

Paradise, CA 95969

the gabapentin cream mixture: Gabapentin, Ketamine, Diclofenic gel, lidocaine, prilocaine. Let cream sit for 15 minutes and then rinsed with sterile saline. Dried feet and applied Honey crear mixture: Manuka honey, olive oil, coconut oil, bees wax

Applied Telfa pad, cast padding, cling, vet wrap and elasticon.

Bandage removed from thoracic limbs:

RTL has adaptic clear bandage over the wound. There is a tilapia skin graft covering approx half the wound. Some of the tilapia has slipped down off wound revealing a 1.5 x 2 area of granulation tissue with central area of bone exposure. Had to trim the tilapia here as it had dried out. Cleaned this area of the wound gently with sterile saline. And left the remaining tilapia in place with Adaptic bandage over it. Dried feet and applied the gabapentin cream mixture: Gabapentin, Ketamine, Diclofenac gel, lidocaine, prilocaine.

Let cream sit for 15 minutes and then rinsed with sterile saline. Applied Honey cream mixture: Manuka honey, olive oil, coconut oil, bees wax to the small area that did not have tilapia over it.

Applied Telfa pad, cast padding, cling, vet wrap and elasticon.

LTL has tilapia in place and Adaptic clear bandage overlaying. Did not treat this paw. We replaced the outer bandage and rewrapped with, cast padding, cling, vet wrap and elasticon.

Bandages changes will be due again on all 4 feet in 2 days.

MEDICAL HISTORY: 23-Nov-2018 to 25-Nov-2018



Kara Smith, DVM

Tori Letner, DVM

26-Nov-2018 Progress note

09:11

PLANS

Superficial corneal ulcer

Continue BNP TID.

Burn victim

D/C IVF today. Flush IVC q 8 hours.

Continue buprenorphine and BNP as directed.

26-Nov-2018 Progress note

12:35

ASSESSMENTS

Burn victim

Healing wounds.

PLANS

Burn victim

- Bandage changes of all 4 feet due in 2 days on 11/28/18. At that time we can remove or replace the tilapia skin graft if is has not adhered. If there is no tilapia available then okay to treat wounds with burn cream and manuka honey cream.
- 2. Cont with current plan and pain medications (buprenorphine) and BNP OU

26-Nov-2018 Order items

- Hospitalization Holding [49.168]: 24.00 hr
- Anesthesia Drug (Pick List) LINK [242.179]: 1.00 each
 - Butorphanol (Torbugesic) 10mg/mL/mL [53.9055] Dose: 0.6 mg (Amt: 0.06 mL)
 - Dexmedetomidine (Dexdomitor) 0.5mg/mL/mL [53.9052] Dose: 0.05 mg (Amt: 0.1 mL)
 - Ketamine (gen) 100mg/mL/mL [53.9034] Dose: 3 mg (Amt: 0.03 mL)
- Bandage/Dressing: Routine [27.3]: 1.00 each
- Sedation [242.135]: 1.00 each
 - Anesthesia Drug (Pick List) LINK [242.179]: 1.00 each

Client: Paradise Animal Control (91750) Patient: 2018-11-23 DLH Sawmill Rd (39705) MEDICAL HISTORY: 23-Nov-2018 to 25-Nov-2018



Kara Smith, DVN

Petra Stoyanof, DVM

Kara Smith, DVM

25-Nov-2018 Exam

08:12

May prefer dry.

PLANS

Inappetence.

Dry food noted in FLOW.

Superficial corneal uicer

Continue BNP.

25-Nov-2018 Progress note

14:43

PLANS

Burn victim

Bandage change:

Sedated with dexmedetomidine 0.05ml, ketamine 0.1ml, buprenorphine 0.15ml. Mildly reactive at end of bandage change.

RTL: fish skin and Tegaderm in place over dorsal antebrachial wound, burns to paw. Left fish skin in place.

LTL: fish skin and Tegaderm in place over paw. Left fish skin in place.

For burns without fish skins, placed honey on paws and placed Adaptic and Telfa over paws. Applied bandages x4.

If clean, pelvic limb bandages can be changed in 2 days, thoracic limb bandages in 2-4 days.

25-Nov-2018 Progress note

19:20

PLANS

Burn victim

SW DVM that did bandages today - she said burns warrant pain meds.

Buprenorphine added TID to FLOW>

25-Nov-2018 Order items

- Hospitalization Holding [49.168]: 7.00 hr
- · Hospitalization Holding [49.168]: 17.00 hr
- Buprenorphine (Buprenex) 0.3mg/mL/mL [53.351] Dose: 0.06 mg (Amt: 0.2 mL)

26-Nov-2018 Progress note

09:11

Kara Smith, DVM

CLIENT INTERVIEW

General findings

Day 4 hospitalization - Vitals WNL. Eats well. Bandages changed yesterday.

EXAM FINDINGS

Whole body

General findings

-- - BAR, friendly cat.

Corneal ulcer OD - looks sl. larger than yesterday.

Bandages in place X 4 paws. Shaved ventral chest and abdomen.

Singed face/healing well.

Good appetite.

ASSESSMENTS

Inappetence.

Resolved.

Superficial corneal ulcer

Epithelium that is not healing may be sloughing. Hopefully this heals from the deeper layers up.

Burn victim

Doing great.

*Documents are available as separate attachments or files. VCA Valley Oak Veterinary Center 2480 Dr. Martin Luther King Jr. Pkwy, Chico, CA 95928 | (530) 342-7387



Kara Smith, DVM

24-Nov-2018 Order items

- Hospitalization/hour Level 1 Fel [49.250]: 7.00 hr
- Fluids IV Maintenance/hr [37.84]: 7.00 hr
- Hospitalization/hour Level 1 Fel [49,250]: 6.00 hr
- Fluids IV Maintenance/hr [37.84]: 6.00 hr

Inpatient visit (25 Nov-2018 to 26-Nov-2018)

Appointment Type: Same Day Provider: Kara Smith, DVM Sex / age / weight: Male - Neutered / n/a / 6.1 lb (26-Nov-2018)

Concerns (Problem List)

Active

- Inappetence. (25-Nov-2018)
- Superficial corneal ulcer (24-Nov-2018)
- Burn victim (24-Nov-2018)

25-Nov-2018 Exam

08:12

CLIENT INTERVIEW

General findings

Transfer of care - Hospitalized 2 days ago for burns sustained in the CAMP fire.

Pt was sedated and had bandages placed yesterday after a day of IVF.

A Convenia and buprenorphine injection were given at 6 p.m Friday per treatment sheet. No pain medications given since then.

Maintained overnight on LRS at 15 mls/hr, and BNP ointment q 8 hours d/t a comeal ulcer noted OD.

Eating just a little today - previously ate some chicken and A/D.

EXAM FINDINGS

Whole body

General findings

- . - Attitude: Bright, responsive, and alert - friendly

Ophthalmic Exam: Corneas clear and no ocular discharge, greasy eye OD,

small superficial corneal ulcer visible, no blepharospasm

Otic Exam: NSF

Oral: Moderate tartar and gingivitis

Nose/Throat: Normal Cardiovascular: purring

CRT - 1-2 sec

Mucous Membranes - Pink

Respiratory: purring

Abdominal Palpation: Normal palpation, no organomegaly, masses or

tenderness

Musculoskeletal: Normal gait, thin

Body Condition Score - 4/9

Integument: bandaged X 4 feet, smokey coat, flea dirt/burned debris in

Lymph Nodes: No lymphadenopathy

Genitourinary: No palpable renal or bladder abnormalities noted, external

genitalia palpate and appear normal, large urinary bladder

Neurologic: Normal mentation, no apparent deficits

ASSESSMENTS

Inappetence.

Offered dry and ate readily.

Burn victim

Bandages changes yesterday at noon.

Superficial corneal ulcer

Healing.

Inappetence.



Dustine Spencer, DVM, Practice Limited to Surgery

24-Nov-2018	Exam	<u> </u>	Travis Howarth, DVM
08:36	Pelvic region	External genitalia	Normal - External genitalia normal size and shape, no tumors or discharge appreciated.
	Integument	General findings	Uiceration - All 4 feet Soot caked on feet
		Skin and haircoat	Normal - Healthy coat, no evidence of ectoparasites, alopecia or pruritus.
	Lymphatic system	Peripheral lymph nodes	No Peripheral lymphadenopathy
	Musculoskeleta!	Posture	Normal posture
		Ambulation	Normal gait
	Nervous system	Brief neurological exam	Unremarkable - CN 2-12 intact, no CP deficits, normal placing responses all 4 limbs
	A COTOOL AT ITS		

ASSESSMENTS

Burn victim

Severe dehydration and malnutrition along with burns to the feet it is difficult to tell how burned feet are due to the debris

PLANS

Burn victim

IVC

Fluids LRS 150 ml bolus 2 hrs>15 ml/hr

Give food and water

Did not want to eat or drink and first, but did about 6 hrs later

Convenia 0.4 ml 50

Buprenorphine(0.3 mg/ml) 0.3 ml IV

Deal with wounds tomorrow, when cat is hydrated

TH

24-Nov-2018 Progress note

14:00

ASSESSMENTS

Superficial corneal ulcer

PLANS

Burn victim, Superficial corneal ulcer

- Sedation
 - Dexmedetomidine 25 mcg, Ketamine 10 mg and Buprenorphine 0.045 mg IM Right thigh
 - Adequate sedation for wound evaluation,
 - Required mask with Iso 1-2% to complete clip, clean and bandage placement x 4 limbs
- Procedure
 - Shaved all paws and cleaned limbs with dilute chx soin.
 - Soaked each paw with dilute chx and removed hemorrhagic debris and dirt
 - All four paws with second third degree burns, some digits on RTL with bone exposure
 - Right TL carpus with third degree burn approx 3 x 4 cm
 - Dried and placed pain salve on all lesions, left for 15 minutes and rinsed off with sterile 0.9% saline
 - · Bilateral PL paws placed collagen powder and wrapped with light bandage
 - Left TL paw placed collagen powder and wrapped with light bandage
 - Right TL paw placed tilapia skin graft on carpal lesion and palmar aspect of paw/digits, covered in Tegaderm. Wrapped with light bandage.
- Patient awake by end of procedure
- FDT: OD 3-4 mm superficial uptake central globe. OS NSF. Applied BNP OD.
- Recovery
 - Smooth
 - Patient remained cold. Placed under Bair hugger.
- 💌 IVF 15 ml / hr
- Bandage change approx 3-4 days
- RX BNP Ophthalmic ointment OD q 8
- DVM: Amy Grimm



Inpatient visit (23 Nov-2018 to 24-Nov-2018)

Appointment Type: Emergency Provider: Travis Howarth, DVM Sex / age / weight: Male - Neutered / n/a / 6.1 lb (26-Nov-2018)

Concerns (Problem List)

Active

- Inappetence. (25-Nov-2018)
- · Superficial corneal ulcer (24-Nov-2018)
- Burn victim (24-Nov-2018)

23-Nov-2018 Order items

- Exam Emergency After Close Late [3.202]: 1.00 exam
- Hospitalization Setup [49.320]: 1.00 each
- Hospitalization/hour Level 1 Fel [49.250]: 6.00 hr
- IV Fluids Setup [37.83]: 1.00 each
- Fluids IV Maintenance/hr [37.84]: 6.00 hr
- Cefovecin (Convenia) 80mg/mL/mL [53.344] Dose: 32 mg (Amt: 0.4 mL)
 - In house. Refills: 0.
 - Your pet may be eligible for a rebate...Go to zoetispetcarerewards.com for details.
- Buprenorphine (gen) 0.3mg/mL/mL [53.30] Dose: 0.09 mg (Amt: 0.3 mL)

	Heapteriorp	mine (gen) o.bi	119/11/E/11/E [33.30] - D	U3G. V.U3	mg (Ama 0.5 ma)			
24-Nov-2018	Exam						Travi	s Howarth, DVM
08:36	VITALS						-	
	Temp (F)	HR .	RR S	ВР	CRT	MM color	Pain ([0-4])	BCS (/9)
08:36	101.7	180	30	15	< 2	Pink	2	3
	CLIENT INTER	VIEW						
	General find		History - NVADG Brought in from C		hip			
	Transfer of C	are	Hospitalization Up	date				
	EXAM FINDIN	IGS						
	Whole bod	lu	Attitude	Quie	a f			
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	Mouth		Teeth			ar or gingival eryth	ema.	
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	Thorax		Heart	pulse	nurmur or arrnytni is bilaterally.	mia noted.; Synchr	onous Pulses - S	trong femoral
			All lung fields	Norn	nal bronchovesicu	lar sounds - All 4 o	quadrants.	
	Abdomen		Abdominal palpation		markable - The ab nomegaly.	odomen was soft a	nd compliant no	masses or



MEDICAL HISTORY

23-Nov-2018 to 25-Nov-2018

Client

Paradise Animal Control (91750)

872-6275 jen

Other: (530) 872-6275

Patient

2018-11-23 DLH Sawmill Gray And Black

Rd (39705)

Male / Neutered - 7.4 lb (26-Nov-2018)

Feline

Domestic Long Hair

Most recent visit date:

25-Nov-2018

Patient Alerts: n/a

Microchip No.:

n/a

Rabies tag ID / date :

n/a

Current medical overview: as of 26-Nov-2018

Service Reminders		Due Date
Physical Exam		Review
Fel Rabies		Review
Fel Panieukopenia		Review
Fel Respiratory Virus		Review
Fel Leukemia		Review
Fecal Exam		Review
Fel Heartworm RX		Review
Fel Flea Prevention		Review
Fel Dental Cleaning		Review
Weight by Age	Wt.	Record date
n/a		
Active Concerns		Established
Inappetence.		25-Nov-2018
Superficial corneal ulcer		24-Nov-2018
Burn victim		24-Nov-2018
Inactive Concerns		Established
n/a		
Resolved Concerns (since 23-Nov-2018)	Established	Resolved

Medications (since 25-Nov-2017)

Amount

Disp. Date

Cefovecin (Convenia) 80mg/mL/mL

0.40 mL 23-Nov-2018

In house.

n/a

24-Nov-2018 08:37: Your pet may be eligible for a rebate...Go to zoetispetcarerewards.com for details.

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TOWN OF PARADISE ANIMAL CONTROL Policies, Procedures and Operations Manual

adoption may be denied for a variety of reasons. These may include an individual appearing unstable, someone who does not agree to abide by the adoption conditions, or someone with a poor track record with the shelter or staff. Justification for the denial is given to the individual and, if handled tactfully, can be an excellent opportunity to educate. Staff writes the reason for denial on the application. A file folder of denied applicants is kept up-to-date at the shelter.

- 6. Adoption Agreement. Staff will review with the applicant the costs and responsibilities of pet ownership, including a thorough discussion of the adoption rules Adopters are required to carefully read the Adoption Agreement and affix their signatures to this document indicating agreement to its terms, conditions, and health exam requirements. A staff member witnesses and dates the Agreement. The pet adopter receives his or her copy of the Agreement. The original Agreement is kept in the pet's file at the shelter.
- 7. Payment of Adoption Fees. Adoption fees vary and can be found on the Town Master Fee Schedule.
- 8. Sterilization of the Animal. The Town of Paradise Animal Shelter strives to ensure that the animals placed for adoption do not contribute to companion animal over-population. All animals will be spayed or neutered prior to adoption unless the health of the animal does not permit such surgery.
- Medical Record. Upon adoption, the animal's Medical Record is provided to the new owner. If an animal's medical history exists from a previous owner, any reference to the previous owner, including the address and telephone number, must be removed prior to the release of such medical information.
- 10. Forms. The Log Sheet and Intake Form are updated to record the date of adoption and the name, address, and telephone number of the adopter. Evaluation and temperament forms are offered to the new owner.
- 11. Refunds. No matter how careful the shelter is in attempting to match the right pet with the right family, there are occasions where animals are returned to the shelter. Adoption fees are nonrefundable, except at the discretion of the Shelter Supervisor. Those fees are considered a donation.
- 12. Animal Returns. For adopted animals returned to the shelter at any time, staff records the information on the Log Sheet. The adopter must return the Rabies tag, the Rabies Certificate, and any other information pertinent to the returned animal that was given to him or her at the time of adoption. At the Shelter Supervisor's digression, another animal may be chosen to adopt within a 30 day limit.
- C. Foster Program The Town of Paradise Animal Shelter has a Foster Program for those animals who cannot or should not be housed at the shelter. The Foster Program is an avenue to rehabilitate "special needs" animals and house animals too young for adoption.
- D. Euthanasia The Town of Paradise Animal Shelter strives to demonstrate a respect for quality of life for its animals. The Town of Paradise Animal Shelter operates as a no-kill facility. The shelter does not euthanize animals to make space for other animals. Although euthanasia is the final act of kindness that we can show

TOWN OF PARADISE ANIMAL CONTROL Policies, Procedures and Operations Manual

a critically ill, seriously injured, or dangerous animal, it is viewed as an alternative, only after very careful consideration, and always as a last resort. It is the policy of the Town of Paradise Animal Shelter that animals to be euthanized are handled with respect and sensitivity, and protected from stress, fear, discomfort, and pain.

- Authorization Procedures. The decision to euthanize animals is made on a case-by-case basis. When deemed necessary for medical or behavioral reasons, and approved as indicated below, animals are humanely euthanized.
- Medical Reasons. Critically ill or seriously injured domestic animals may be euthanized prior to conclusion of the six (6) work day holding period (the normal time allotted for owners to reclaim their pets). Those situations need immediate consideration and require approval by the Shelter Supervisor and attending veterinarian.
- 3. Behavioral Reasons. The decision to euthanize dogs and cats for behavioral reasons requires approval by the Shelter Supervisor, in consultation with the shelter veterinarian and shelter staff. Twenty-four (24) hour prior notification by the Shelter Supervisor to the Board is required. Questions or concerns of the Board should be brought to the attention of the shelter Supervisor within the time limit indicated. Under no condition may an animal that is under consideration for euthanasia for behavioral reasons are released from the shelter for adoption or foster whether it is to the public, volunteer, or staff member.
- 4. Humane Disposal. The remains will be humanely disposed.

XI. REFERRAL SERVICES

Unfortunately, the Town of Paradise Animal Shelter is not equipped nor staffed to handle all animal situations. However, we do our best to refer those inquiries to others who may be able to help, as follows:

A. Wildlife Animals. Inquiries about wildlife animals are referred to the California Department of Fish & Game, Butte County Trappers Association, Kirschner Wildlife Foundation, North Valley Animal Disaster Group, Bidwell Wild Life Rehabilitation.

XII. GROOMING

Simply stated, clean animals are more adoptable than dirty animals. They are also more comfortable and generally healthier, all of which makes for a positive image to potential pet adopters. Shelter Staff or volunteers who wish to bathe and/or groom the dogs and cats may do so whenever possible. For animals whose fur is severely matted, the services of professional groomers are used.

ACTIVAL HOSPITAL / VETMOBILE 1509 Wagstaff Rd. Paradise, CA 95969 (530) 877-3000

Whole blood is used for FRUV-FIV tests

FELINE LEUKEMIA VIRUS ANTIGEN -FELINE IMMUNODEFICIENCY VIRUS ANTIBODY TEST KIT (RELV

VetScan

FeLV-FIV Rapid Test

for the Qualitative Detection of FeLY Antigen and FIV Antibodies in Feline Whole Blood, Serum or Plasma

1 FeLV Chase Buffer Bottle

 25 Test Devices Kit Contents

I Package Insert
 25 Transfer Pipettes

REF 250-0000-25

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